

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1050'S, 1090'E Sec.11, T-26-N, R-10-W, NMPM</p> | <p>5. Lease Number NM-01365</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name & Number Huerfano Unit #253</p> <p>9. API Well No.</p> <p>10. Field and Pool Angels Peak Gallup</p> <p>11. County and State San Juan County, NM</p> |
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| Type of Submission | Type of Action | |
|--|--|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input checked="" type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other | |

13. Describe Proposed or Completed Operations

Meridian Oil has cancelled plans to recomplate this well. Please rescind the originally approved sundry dated 8-13-90.

RECEIVED
OCT 1991
BUREAU OF LAND MANAGEMENT
FARMINGTON, NM

14. I hereby certify that the foregoing is true and correct
Signed *Deann Stradwick* (SL) Title Regulatory Affairs Date 9-30-91

FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 07 1991
CONDITION OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY *SM*

NMOCD