CONDITION OF APPROVAL, if any:

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry Not:	ices and Reports on Wel	ls	
1. Type of Well GAS		6.	Lease Number NM-0560223 If Indian, All. or Tribe Name
2. Name of Operator MERIDIAN OLL 3. Address & Phone No. of Operat PO Box 4289, Farmington, NM 4. Location of Well, Footage, Se 1687'FSL, 1850'FEL Sec.29, T	87499 (505) 326-9700	9.	Well Name & Number Frew Federal #14 API Well No. Field and Pool Bisti Farmington County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO INT Type of Submission _x_ Notice of Intent Subsequent Report Final Abandonment 13. Describe Proposed or Complete It is intended to plug and abandon this well	Type of Ac x Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other - eted Operations	tion Ch Ne No Wa Co	ange of Plans w Construction n-Routine Fracturing ter Shut off nversion to Injectio
	PEGEIVED MAY 3 1 1994 D		
	S1) Title <u>Regulatory Af</u>		
(This space for Federal or Stat	e Office use) Title	. iii	D D Bater D

 $H_{\frac{1}{2}}(\mathbb{R}^{n},\mathbb{R}^{n}) \subseteq \mathbb{R}^{n}$