

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator Meridian Oil Inc.</p> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec, T, R, M. 790'N, 1650'E Sec.14, 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 #175E</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</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 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 intends to repair the casing leak in this well in the following manner:

MOL&RU. TOOH w/tbg & pkr. TIH w/pkr & BP. Isolate csg leak. Squeeze w/100 sx Class "B" cmt (118 cu.ft.). WOC 18 hrs. Test squeeze. Repeat if necessary. Clean out to TD. Land tbg. Release rig.

RECEIVED

AUG 08 1991

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

Dec
~~AUG 31 1991~~

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (SL) Title Regulatory Affairs Date APPROVED 8-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

AUG 05 1991
DATE
[Signature]
AREA MANAGER
FARMINGTON RESOURCE AREA