

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. <b>Type of Well</b> GAS</p> <hr/> <p>2. <b>Name of Operator</b> MERIDIAN OIL</p> <hr/> <p>3. <b>Address &amp; Phone No. of Operator</b> PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b> 1630'FSL, 1650'FWL Sec.22, T-26-N, R-9-W, NMPM</p>	<p>5. <b>Lease Number</b> SF-078127</p> <p>6. <b>If Indian, All. or Tribe Name</b></p> <p>7. <b>Unit Agreement Name</b> Huerfano Unit</p> <p>8. <b>Well Name &amp; Number</b> Huerfano Unit 504</p> <p>9. <b>API Well No.</b> 30-045-29073</p> <p>10. <b>Field and Pool</b> Basin Ft Coal</p> <p>11. <b>County and State</b> San Juan Co, NM</p>
---	--

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injectio

13. Describe Proposed or Completed Operations

03-28-94 TD 440'. Spud @ 11:00 a.m. 03-28-94. Drl surface hole. Ran 5 jts 8 5/8", 24.0# K-55 csg set @ 231'. Cmt w/160 sx Class "G" w/3% calcium chloride and 0.25 pps flocele (184 cu.ft.). Circ 1 bbl cmt to surface.

03-31-94 TD 2350'. Ran 52 jts 4 1/2", 10.5#, K-55 8rd csg set @ 2300'. Cmt w/525 sx Class "G" 65/35 Poz w/6% gel, 2% calcium chloride, 0.25 pps flocele, (929 cu.ft.), tail w/100 sx Class "G" w/2% calcium chloride (118 cu.ft.). Circ 26 bbl cmt to surface. PT 3800#, ok.

**RECEIVED**  
APR - 7 1994

**OIL CON. DIST. 3**

RECEIVED  
ELM  
APR - 5 1994  
11:18

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] Title Regulatory Affairs Date 4/4/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ ACCEPTED FOR RECORD Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

APR 7 1994

FARMINGTON DISTRICT OFFICE