

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</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M 990' FSL, 990' FWL Sec. 29, T-28-N, R-4-W, NMPM</p>	<p>5. Lease Number NM-03863</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 28-4 Unit</p> <p>8. Well Name & Number San Juan 28-4 U #15</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State Rio Arriba Co, 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 checked="" 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 checked="" type="checkbox"/> Other - add bypassed zones	

13. Describe Proposed or Completed Operations

The subject well is currently inactive. The well has bypassed pay zones in the Mesa Verde formation. The well is being evaluated for a project to add these bypassed zones to the existing Mesa Verde. Should this evaluation prove economic, a sundry will be submitted defining the proposed payadd procedure. The work will then be scheduled shortly after.

FEB 11 1994
FARMINGTON, NM
DIST. 1

FARMINGTON, NM

FEB -7 AM 9:47

RECEIVED
BLM

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

Signed *John Stapp* (KS) Title Regulatory Affairs Date 2/2/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

FEB 09 1994

DISTRICT MANAGER

NMOCD