

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well  
GAS

2. Name of Operator  
**MERIDIAN OIL**

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
1850' FNL, 790' FEL, Sec.26, T-28-N, R-6-W, NMPM

5. Lease Number  
SF-079050A

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name  
San Juan 28-6 Unit

8. Well Name & Number  
San Juan 28-6 U #102

9. API Well No.  
30-039-20054

10. Field and Pool  
Basin Dakota

11. County and State  
Rio Arriba Co, NM

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 checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" 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

It is intended to repair the casing in the subject well. A detailed procedure will be submitted by 2-15-96.

RECEIVED  
DEC 1 1995

CHIEF OF BUREAU  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C.

THIS APPROVAL EXPIRES FEB 15 1996

RECEIVED  
BLM MAIL ROOM  
95 NOV -6 PM 2:21  
070 Farmington, NM

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

Signed [Signature] (ROS8) Title Regulatory Administrator Date 11/2/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

Date **APPROVED**

NOV 09 1995

DISTRICT MANAGER

NMOCD