

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
1550' FSL, 1600' FWL, Sec.15, T-28-N, R-6-W, NMPM

5. Lease Number
SF-079192

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 #122

9. API Well No.
30-039-08121

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 - Casing repair	

13. Describe Proposed or Completed Operations

12-11-95 MIRU. ND WH. NU BOP. TIH, tag fish @ 6468'. Attempt to establish circ. TOOH.
TIH w/fishing tools. Fishing.

12-12/17-95 Fishing.

12-18-95 TOOH w/fishing tools. No fish recovered. ND BOP. NU WH. RD. Rig released.

The well will be evaluated for recompletion or plug and abandonment. A procedure will be submitted by 7-15-96.

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

Signed [Signature] Title Regulatory Administrator Date 12/20/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____
CONDITION OF APPROVAL, if any:

Date **ACCEPTED FOR RECORD**

JAN 10 1996

NMOCD

FARMINGTON DISTRICT OFFICE
BY [Signature]