

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator MERIDIAN OIL</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1150' FNL, 592' FWL Sec. 33, T-27-N, R-10-W, NMPM</p>	<p>5. Lease Number SF-078233</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 82</p> <p>9. API Well No. 30-045-06180</p> <p>10. Field and Pool W. Kutz Pic. Cliffs</p> <p>11. County and State San Juan 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 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 Injectio
	<input checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

05-10-94 MOL&RU. Pump 10 BW. ND WH. NU BOP. Pull tbg hanger, tbg separated from donut. TIH, tag top of fish @ 1788'. Fishing.

05-11-94 Tag top of fish @ 1792'. Recovered fish. TIH, blow w/air @ 1808'. Spot 200 gal acid @ 1801'. Reset pkr @ 1631'. Load hole w/wtr. PT csg 550#, ok. TOO H w/pkr. Blow w/air

05-12-14 Blow well and CO.

05-15-94 Ran 55 jts 1 1/2", 2.7#, J-55 10rd tbg set @ 1773'. Seating nipple @ 1740'. ND BOP. NU WH. Released rig.

RECEIVED
MAY 23 1994
OIL CON. DIV.
DIST. 3

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

Signed *Regan B. Haddfield* Title Regulatory Affairs Date 5/17/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: _____

NMOOD

Smm