UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

Sundry Notices	and Reports on Wells	. 7: *1	
1. Type of Well GAS	JAN 3 U 1993	5.	Lease Number SF-078092 If Indian, All. or Tribe Name Unit Agreement Name
2. Name of Operator MERIDIAN ©IL 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87 4. Location of Well, Footage, Sec., 990'FNL, 990'FWL, Sec.27, T-27-N	000 0000 0 7499 (505) 326 9700 5 , T, R, M		Douthit Federal #2
12. CHECK APPROPRIATE BOX TO INDICATE Type of Submission Notice of Intent X Subsequent Report Final Abandonment	Type of Action X Abandonment C Recompletion N Plugging Back N Casing Repair W		ans tion Fracturing ff
1302-1768'. POOH t 1-16-95 TIH, tag TOC @ 1539 psi, OK. POOH. Per 970'. Establish in below cmt retainer 2 sqz holes @ 156' pump 72 sx Class ' bradenhead. SI. Wo	. TOOH w/84 jts 1" tbg. bwn tbg. Plug #1: pump 5 to 597'. SI. WOC. SDON. '. POOH to 1509'. Load herf 4 sqz holes @ 1030'. hjection into sqz holes. r and 20 sx Class "B" cm'. Establish circ out br"B" cmt down csg and out OC. ND BOP. Cut off WH.	nole w/25 bb TIH w/5 1/2 Plug #2: p nt above cmt radenhead w/ bradenhead Install dry doned 1-16-9	"B" cmt inside csg @ l wtr. PT csg to 500 " cmt retainer, set @ ump 74 sx Class "B" cmt retainer. POOH. Perf 5 bbl wtr. Plug #3: . Circ 1 bbl cmt out hole marker w/15 sx
14. I hereby certify that the fo Signed Malhuel (This space for Federal or State O APPROVED BY CONDITION OF APPROVAL, if any:	Title Regulatory Affai:	rect.	./20/95