

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 660' FNL, 1780' FWL Sec. 26, T-27-N, R-11-W, NMPM</p>	<p>5. Lease Number SF-078092</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Douthit #1</p> <p>9. API Well No.</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 checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

09-27-93 MOL&RU. ND WH. NU BOP. TOOH w/tbg. Ran scraper to 1756'. TOOH. Set cmt ret @ 1756'. Est inj rate. Cmt plug #1 w/108 sx Class "B" below ret, 5 sx on top. Pull to 1632'. Load hole w/30 bbl. PT 500#. Disp 12 bbl 40 vis. Perf hole @ 1123'. Set cmt ret @ 1067'. Est inj rate. Cmt plug #2 w/111 sx Class "B" below ret, 30 sx above ret. Pull to 690'. Displace 10 bbl 40 vis mud 690-275'. Cmt plug #3 w/60 sx Class "B" 275' to surface. Circ 1 bbl good cmt to pit. ND BOP. Cut off WH. Install dry hole marker. Well plugged & abandoned.

Approved as a plug of the well bore.
Liability condition is retained until
surface operation is completed.

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

Signed [Signature] Title Regulatory Affairs Date 9/28/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ **APPROVED**

CONDITION OF APPROVAL, if any:

[Signature]
OCT 22 1993
DISTRICT MANAGER