

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-077386A
2. Name of Operator Meridian Oil Inc.	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec, T, R, M. 990'N, 1650'W Sec.21, T-27-N, R-10W, #NMPM	8. Well Name & Number Rowley B #1
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	11. County and State San Juan County, 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 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 type="checkbox"/> Other

13. Describe Proposed or Completed Operations

Please show the following revision on the well completion report:

Type logs run: CNL-GR-CCL, ES

RECEIVED

APR 13 1990

OIL CON. DIV.,
DIST. 3

ACCEPTED FOR RECORD

APR 16 1990

FARMINGTON RESOURCE AREA

BY W.

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Regulatory Affairs Date 3-28-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITION OF APPROVAL, IF ANY:

MAOCD