

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <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
1395'EML, 1460'FEL, Sec.29, T-27-N, R-10-W, NMPM</p> | <p>5. Lease Number
SF-080810</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 #217R</p> <p>9. API Well No.
30-045-29089</p> <p>10. Field and Pool
Angels Peak Gallup/
Basin Dakota</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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Recompletion
	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other -
	<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

It is intended to revise the casing and procedure in the subject well. There will be no 1500' lateral drilled in the Tocito zone. It is intended to set 4 1/2" 11.6# K-55 casing @ TD at approximately 6500'. 2 3/8" 4.7# J-55 tubing will be landed @ approximately 6300' and the well will be commingled.

RECEIVED
NOV 14 1994
BUREAU OF LAND MANAGEMENT
DOWNEY

NOV 14 1994
BUREAU OF LAND MANAGEMENT
DOWNEY

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

Signed *Regina Bradfield* (LB2) Title Regulatory Affairs Date 11/2/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date **APPROVED**

NOV 14 1994
[Signature]
DISTRICT MANAGER

