

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

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BLM

94 OCT 11 PM 3:21

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

<p>1. Type of Well Gas</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone NO. of Operator P.O. Box 4289, Farmington, NM 87499 (505) 326 - 9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1550' FSL, 1850' FEL Sec. 22, T-28-N, R-10-W, NMPM</p>	<p>5. Lease Number SF-077383-A</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number KUTZ DEEP TEST #1A</p> <p>9. API Well No. A # 1</p> <p>10. Field and pool FULCHER KUTZ PICTURED CLIFFS</p> <p>11. County and State San Juan Co, NM</p>
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OCT 17 1994
OIL CON. DIV.
DIST. 3

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Re-completion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" 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

This sundry notice is additional information for a sundry notice received in 4/93 for the subject well.
Meridian Oil Inc. respectfully requests a 1 year extension for the Kutz Deep Test #1A. This extension will allow Meridian to further evaluate the wellbore for up hole potential and possible remedial work to recover potential reserves in place.

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

Signed [Signature] Title [Signature] Date 10-10-94
(102)

(This space for Federal or State Office use)

Approved By _____ Title _____ Date _____

CONDITION OF APPROVAL, IF ANY: **THIS APPROVAL EXPIRES OCT 13 1995**

APPROVED

OCT 13 1994

DISTRICT MANAGER