

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|---|---|
| <p>1. Type of Well GAS</p> <p>2. Name of Operator MERIDIAN OIL</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M 990' FNL, 1650' FEL, Sec.20, T-28-N, R-10-W, NMPM</p> | <p>5. Lease Number SF-047039A</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number EPNG White Kutz #3</p> <p>9. API Well No. 30-045-07364</p> <p>10. Field and Pool Fulcher Kutz Pict.Cliffs</p> <p>11. County and State San Juan Co, NM</p> |
|---|---|

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"/> 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 checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

It is intended to restimulate the subject well during 1996.

THIS APPROVAL EXPIRES **JUL 01 1996**

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

Signed: [Signature] (LWD2) Title Regulatory Affairs Date 6/21/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED
JUN 28 1995
NMOCD