

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1440'FNL, 845'FEL Sec.17, T-28-N, R-10-W, NMPM

5. Lease Number
SF-0470398
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Day H #2
9. API Well No.
30-045-
10. Field and Pool
Pic.Cliffs
11. County and State
San Juan Co, NM

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 Injectio
	<input checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

This well is being evaluated to be repaired, recompleted or plugged and abandoned. A determination and procedure will be submitted within 90 days.

RECEIVED
JUN 2 7 1994
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
94 JUN 17 PM 1:53
070 FARMINGTON, NM

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

Signed [Signature] (SBD2) Title Regulatory Affairs Date 6/17/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

JUN 23 1994

DISTRICT MANAGER