

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<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 Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1840'S, 1800'W Sec.30, T-29-N, R-4-W, NMPM</p>	<p>5. Lease Number SF-079893A</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name San Juan 29-4 Unit</p> <p>8. Well Name & Number San Juan 29-4 Unit #11</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State Rio Arriba County, 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 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

A long term shut in status is requested for one year to evaluate this well for uphole potential in the Pictured Cliffs, with possible plugback and recompletion in the Pictured Cliffs.

RECEIVED
NOV 27 1991
OIL CON. DIV. I
DIST. 1

DEC 01 1992

14. I hereby certify that the foregoing is true and correct.
Signed *James D. Duffell* (KS) Title Regulatory Affairs Date 11-15-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

APPROVED
NOV 22 1991
James D. Duffell
DATE
J. D. DUFFELL
REGULATORY AFFAIRS