

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 <i>Moridian Oil Inc.</i></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. Sec. T- -N, R- W, NMPM <i>NW/NE Sec. 5-29N-7W 1000' N 1670' E</i></p> <hr/>	<p>5. Lease Number <i>SF 57895</i></p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name <i>SJ-29-7 Unit</i></p> <p>8. Well Name & Number <i>SJ-29-7 Unit # 505</i></p> <p>9. API Well No. <i>2432500</i></p> <p>10. Field and Pool <i>Basin Fruitland Coal</i></p> <p>11. County and State <i>Lincoln, N.M.</i></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"/> 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

Run 7 day flow test to atmosphere

RECEIVED

APR 09 1990

OIL CON. DIV.
DIST. 3

**APPROVED
AS AMENDED**

APR 04 1990

AREA MANAGER

14. I hereby certify that the foregoing is true and correct
Signed *Shelli Stutz* Title Regulatory Affairs Date 3-14-90

(This space for Federal or State office use)

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

NMCCD