

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. <b>Type of Well</b> GAS</p> <hr/> <p>2. <b>Name of Operator</b> <b>MERIDIAN OIL</b></p> <hr/> <p>3. <b>Address &amp; Phone No. of Operator</b> PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b> 990' FSL, 990' FWL, Sec.34, T-30-N, R-7-W, NMPM</p>	<p>5. <b>Lease Number</b> SF-079383</p> <p>6. <b>If Indian, All. or Tribe Name</b></p> <p>7. <b>Unit Agreement Name</b> San Juan 30-6 Unit</p> <p>8. <b>Well Name &amp; Number</b> San Juan 30-6 U #99</p> <p>9. <b>API Well No.</b> 30-039-07720</p> <p>10. <b>Field and Pool</b> Blanco Mesaverde</p> <p>11. <b>County and State</b> Rio Arriba Co, 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 checked="" 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

12-19-95 MIRU. ND WH. NU BOP. TOOH w/2 3/8" tbg. TIH w/2 jts 2 3/8" 4.7# J-55 tbg, landed @ 62'. ND BOP. NU WH. SDON.

12-20-95 ND WH. NU BOP. TIH w/2 3/8" tbg, landed @ 5666'. ND BOP. NU WH. TIH w/pump, tapered 3/4" & 5/8" rods. RD. Rig released.

**RECEIVED**  
JAN 12 1996  
OIL CON. DIV.  
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 12/28/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**ACCEPTED FOR RECORD**

JAN 10 1996

FARMINGTON DISTRICT OFFICE  
BY [Signature]

NMOCD