

submitted in lieu of Form 3160-5

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</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1700'FNL, 890'FEL Sec.31, T-30-N, R-4-W, NMPM</p>	<p>5. Lease Number SF-079488</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 30-4 Unit</p> <p>8. Well Name & Number San Juan 30-4 U 28</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State 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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injectio

13. Describe Proposed or Completed Operations

It is intended to condition this well to a useful function.

RECEIVED

FEB 11 1994

OIL CON. DIV
DIST. 3

RECEIVED
BLM
070 FARMINGTON, NM
94 FEB -7 AM 9:36

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

Signed [Signature] (ROS) Title Regulatory Affairs Date 2/4/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ **APPROVED**

CONDITION OF APPROVAL, if any:

FEB 09 1994
[Signature]
DISTRICT MANAGER

BLM007