

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	5. Lease Number NM-012710
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name San Juan 30-6 Unit
4. Location of Well, Footage, Sec., T, R, M 1450'FNL, 1140'FEL Sec.11, T-30-N, R-7-W, NMPM	8. Well Name & Number San Juan 30-6 U 419
	9. API Well No. 30-039-24177
	10. Field and Pool Basin Ft Coal
	11. County and State Rio Arriba 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"/> 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 workover this well in the following manner: TOOH w/2 7/8" tbg. Pull uncemented 5 1/2" liner. Clean out wellbore. Rerun the liner and tbg. Return well to production.

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JAN 12 1994  
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1-10-94  
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14. I hereby certify that the foregoing is true and correct.

Signed [Signature] (RH) Title Regulatory Affairs Date 1/3/94

APPROVED

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date JAN 06 1994

CONDITION OF APPROVAL, if any:

DISTRICT MANAGER