

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 2510' FSL, 790' FWL, Sec.27, T-30-N, R-6-W, NMPM L</p>	<p>5. Lease Number SF-080712A</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 30-6 Unit</p> <p>8. Well Name & Number San Juan 30-6 U #475</p> <p>9. API Well No. 30-039-24487</p> <p>10. Field and Pool Basin Fruitland Coal</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 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

8-5-96 MIRU. ND WH. NU BOP. TOOH w/3 1/2" & 2 7/8" tbg. TIH w/perf sub, stator, 10 jts 2 7/8" 6.5# J-55 8RD tbg, 94 jts 3 1/2" 9.3# J-55 8RD tbg, landed @ 3320'. ND BOP. NU WH. TIH w/rotor & 7/8" rods. RD. Rig released.

RECEIVED
 BLM
 96 AUG -9 PM 4:28
 070 FARMINGTON, NM

RECEIVED
 AUG 14 1996
OIL CON. DIV.
DIST. 3

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

Signed *[Signature]* Title Regulatory Administrator Date 8/9/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

AUG 13 1996
 FARMINGTON DISTRICT OFFICE
 BY *[Signature]*