

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1820' FSL, 1430' FWL, Sec. 21, T-30-N, R-6-W, NMPM

5. Lease Number
SF-080712A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 30-6 Unit
8. Well Name & Number
San Juan 30-6 U #471
9. API Well No.
30-039-24512
10. Field and Pool
Basin Fruitland 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 - Recavitate
	<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 Injection

13. Describe Proposed or Completed Operations

It is intended to perform a workover on the subject well in the following manner:

Pull existing 5 1/2" liner and 2 7/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 7/8" tubing. Return well to production.

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

Signed Regan Stahlhild (JCG7) Title Regulatory Administrator Date 5/6/96

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED

MAY 07 1996

District Manager

NMOC