

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
990'FSL, 990'FWL, Sec.24, T-30-N, R-6-W, NMPM

5. Lease Number
SF-078741

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 #3

9. API Well No.
30-039-60098

10. Field and Pool
Blanco Mesaverde

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 Injection

13. Describe Proposed or Completed Operations

This well is not producing due a hole in the tubing. We plan to pull the tubing and replace it. At that time, we will return the well to production.

RECEIVED
JUL 28 1994
OIL CON. DIV.
DIST. 3
FARMINGTON, NM
JUL 25 AM 11:17

THIS APPROVAL EXPIRES
5/4/94

RECEIVED
BLM

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

Signed [Signature] (ROS) Title Regulatory Affairs Date 7/22/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JUL 26 1994
NIGHTMANAGER

NMOCOD