

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

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BLM

54 OCT 11 PM 3:16

070 FARMINGTON, NM

Sundry Notices and Reports on Wells

<p>1. Type of Well Gas</p> <hr/> <p>2. Name of Operator Southland Royalty Co.</p> <hr/> <p>3. Address & Phone NO. of Operator P.O. Box 4289, Farmington, NM 87499 (505) 326 - 9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 990 FSL & 790 FWL UNIT P, SEC. 34, T 29 N, R 13 W</p>	<p>5. Lease Number NMNM 0468128</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number HAGOOD #3</p> <p>9. API Well No. 0763800</p> <p>10. Field and pool BASIN DAKOTA</p> <p>11. County and State San Juan, NM</p>
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RECEIVED
OCT 17 1994
OIL CON. DIV.
DIST. 3

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Re-completion	<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

Meridian Oil Inc. respectfully requests a 1 year extension for the Hagood #3. This extension will allow Meridian to install surface facilities and evaluate the wellbore for remedial work to recover potential reserves in place. In addition this well will be included in a central compressor system, thus allowing the well to experience lower line pressures.

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

Signed [Signature] Title [Signature] Date 10-7-94

(This space for Federal or State Office use)

Approved By _____ Title _____ Date _____

CONDITION OF APPROVAL, IF ANY:

THIS APPROVAL EXPIRES

OCT 01 1995

APPROVED

OCT 13 1994

DISTRICT MANAGER

290 10 100