

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
APR 25 1996

2. Name of Operator
MERIDIAN OIL

OIL CON. DIV.
DIST. 3

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

4. Location of Well, Footage, Sec., T, R, M
1160' FNL, 1030' FWL, Sec. 10, T-29-N, R-10-W, NMPM

5. Lease Number
SF-076958

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Hare #21

9. API Well No.
30-045-20458

10. Field and Pool
Aztec Pictured Cliffs

11. County and State
San Juan 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 checked="" 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

It is intended to plug and abandon the subject well in the following manner:

ND WH. NU BOP. Perf 2 sqz holes @ 228' & 1192'. TOOH. TIH to top of CIBP @ 2175'. Plug #1: pump 5 sx Class "B" cmt on top of CIBP @ 2125-2175'. Plug #2: pump 15 sx Class "B" cmt @ 1799-1982'. TOOH. TIH w/4 1/2" cmt retainer, set @ 900'. Plug #3: pump 120 sx Class "B" cmt below cmt retainer pump 5 sx Class "B" cmt on top of cmt retainer @ 850-1192'. TOOH. Plug #4: pump 95 sx Class "B" cmt down bradenhead & out csg valve. Circ cmt to surface. ND BOP. Cut off WH. Install dry hole marker w/10 sx Class "B" cmt. RD.

(Verbal approval to plug and abandon from Steve Mason, BLM, 4-11-96)

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

Signed *Regan Smith* Title Regulatory Administrator Date 4/17/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: