

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

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070 FARMINGTON, NM

Sundry Notices and Reports on Wells

<p>1. Type of Well Gas</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</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 1630' FNL, 1760' FWL Sec. 17, T-29-N, R-10-W, NMPM</p>	<p>5. Lease Number NMSF-078718-A 078266</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number HUBBELL 5E</p> <p>9. API Well No.</p> <p>10. Field and pool BASIN DAKOTA</p> <p>11. County and State San Juan Co, NM</p>
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OCT 28 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Re-completion
<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 sundry notice is additional information for the sundry submitted on 4/28/92 for the subject well.
MOI is currently evaluating options to reduce line pressures through negotiations with EPNG for lateral compression. As the well does have integrity, MOI respectfully requests the well remain shut-in for one year. Pipeline pressures range from approximately 240 to 280 psig, which are greater than the well can flow into with current bottom hole pressures.

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

Signed [Signature] Title [Signature] Date 10-10-94
(K12)

(This space for Federal or State Office use)

Approved By _____ Title _____ Date OCT 15 1995

CONDITION OF APPROVAL, IF ANY: **THIS APPROVAL EXPIRES**

APPROVED

OCT 20 1994

DISTRICT MANAGER