

submitted in lieu of Form 3160-5

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
790' FSL, 790' FEL, Sec. 22, T-29-N, R-10-W, NMPM
P

5. Lease Number
SF-081078

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Albright #7E

9. API Well No.
30-045-25057

10. Field and Pool
Blanco MV/Basin DK

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 type="checkbox"/> Abandonment	<input checked="" 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 checked="" type="checkbox"/> Other - Commingle	

13. Describe Proposed or Completed Operations

It is now intended to set a retrievable packer in place of the permanent packer.
Application for commingling will be made. The well will be returned to
production after the commingling order is received.

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

Signed Peggy Draas (VGW2) Title Regulatory Administrator Date 9/16/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date **APPROVED**

CONDITION OF APPROVAL, if any:

SEP 17 1996

/s/ Duane W. Spence

DISTRICT MANAGER

MMOCD