

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	5. Lease Number SF-078161
	6. If Indian, All. or Tribe Name
	7. Unit Agreement Name
2. Name of Operator MERIDIAN OIL	
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	8. Well Name & Number Lloyd B #600
	9. API Well No.
4. Location of Well, Footage, Sec., T, R, M 1450' FSL, 1085' FWL Sec.1, T-29-N, R-11-W, NMPM	10. Field and Pool Basin Ft Coal
	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 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 Injectio
	<input checked="" type="checkbox"/> Other - Restimulation	

13. Describe Proposed or Completed Operations

It is intended to restimulate this well. A procedure will be submitted within 60 days.

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

Signed [Signature] (SBD) Title Regulatory Affairs Date 3/14/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____
CONDITION OF APPROVAL, if any: _____

APPROVED

MAR 15 1994
DISTRICT MANAGER