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

| Tribe Name  7. Unit Agreement Name  **MERIDIAN ONL**  3. Address & Phone No. of Operator   | Sundry Notices and Reports on We   | ells   |
|--|--|--|
| MERIDIAN ○ ■  3. Address & Phone No. of Operator FO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 1000'FSL, 1520'FEL Sec.8, T-30-N, R-10-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Subsequent Report Final Abandonment Subsequent Report Final Abandonment Altering Casing Repair Altering Casing Other - add Cliff House pay  13. Describe Proposed or Completed Operations It is intended to add Cliff House pay to this well during 1994.  14. I hereby certify that the foregoing is true and correct.  Signed  MALL LOCATION  APPROVED  APPROVED  APPROVED  APPROVED  APPROVED  Bisspace for Federal or State Office use)  APPROVED  Pate 1902  APPROVED  APPROVED   | 1. Type of Well GAS  | SF-077754<br>6. If Indian, All. or<br>Tribe Name |
| MERIDIAN OLL  3. Address & Phone No. of Operator    FO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1000'FSL, 1520'FEL Sec.8, T-30-N, R-10-W, NMPM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission    X Notice of Intent    Abandonment    Recompletion    New Construction    Plugging Back    Casing Repair    Water Shut off    Conversion to Injectic    X Other - add cliff House pay  13. Describe Proposed or Completed Operations    It is intended to add Cliff House pay to this well during 1994.  14. I hereby certify that the foregoing is true and correct.  Signed   | Name of Operator   | 7. Unit Agreement Name                           |
| Relly Knott #1A  10. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700  10. Location of Well, Footage, Sec., T, R, M 10. Field and Pool 1000'FSL, 1520'FEL Sec.8, T-30-N, R-10-W, NMPM 10. Field and Pool Blanco Mesa Verde 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  _x Notice of Intent _ Abandonment _ Recompletion _ Subsequent Report _ Plugging Back _ Casing Repair _ Water Shut off _ Altering Casing Conversion to Injectic _ x Other - add Cliff House pay  13. Describe Proposed or Completed Operations  It is intended to add Cliff House pay to this well during 1994.  14. I hereby certify that the foregoing is true and correct.  Signed Add Mark Mark (GL) Title Regulatory Affairs Date 10/18/93  (This space for Federal or State Office use)  APPROVED  Posts 1902  APPROVED  Posts 1902  APPROVED  Posts 1902  Posts 1902  APPROVED  Posts 1902  P |  |  |
| PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No.  1. Location of Well, Footage, Sec., T, R, M 10. Field and Pool Blanco Mesa Verde 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  | 3 1 3 3  |  |
| 1000'FSL, 1520'FEL Sec.8, T-30-N, R-10-W, NMPM  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 Submission  Type of Action  Abandonment  Recompletion  Subsequent Report  Plugging Back Casing Repair  Altering Casing Conversion to Injection  Altering Casing Conversion to Injection  Type of Action  Recompletion  Recompletion  Casing Repair  Altering Casing Conversion to Injection  Type of Action  New Construction  New Construction  New Construction  Altering Casing Conversion to Injection  Type of Action  Action  1. County and State Office use)  Approved  Approved  Approved  Approved  Approved  Approved  Title  Date 10/18/93   |  |  |
| Type of Submission    X  | 4. Location of Well, Footage, Sec., T, R, M<br>1000'FSL, 1520'FEL Sec.8, T-30-N, R-10-W, NMPM  | Blanco Mesa Verde 11. County and State           |
| x Notice of Intent   |  |  |
| Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing Conversion to Injectic X Other - add Cliff House pay  13. Describe Proposed or Completed Operations  It is intended to add Cliff House pay to this well during 1994.  14. I hereby certify that the foregoing is true and correct.  Signed Man Man (GL) Title Regulatory Affairs Date 10/18/93 APPROVED BY Title Date 10/18/93   |  |  |
| Subsequent Report — Plugging Back — Non-Routine Fracturing — Casing Repair — Water Shut off — Altering Casing — Conversion to Injectic — x_ Other - add Cliff House pay  13. Describe Proposed or Completed Operations  It is intended to add Cliff House pay to this well during 1994.  14. I hereby certify that the foregoing is true and correct.  Signed  | Recompletion   | New Construction                                 |
| Altering Casing Conversion to Injection X Other - add Cliff House pay  13. Describe Proposed or Completed Operations  It is intended to add Cliff House pay to this well during 1994.  14. I hereby certify that the foregoing is true and correct.  Signed Approved BY Conversion to Injection X Other - add Cliff House pay  Conversion to Injection X Other - add Cliff House pay  Title Regulatory Affairs Date 10/18/93  APPROVED  Approved By Title Regulatory Affairs Date 10/18/93   | Subsequent Report Plugging Back  | Non-Routine Fracturing                           |
| It is intended to add Cliff House pay to this well during 1994.  Oil Control of the control of t | Final Abandonment Altering Casing  | Conversion to Injection                          |
| 14. I hereby certify that the foregoing is true and correct.  Signed Man Man (GL) Title Regulatory Affairs Date 10/18/93  (This space for Federal or State Office use)  APPROVED BY  Title  Date 1002  | -  | ell during 1994.                                 |
| 14. I hereby certify that the foregoing is true and correct.  Signed Man Man (GL) Title Regulatory Affairs Date 10/18/93  (This space for Federal or State Office use)  APPROVED BY  Title  Date 1002  |  |  |
| 14. I hereby certify that the foregoing is true and correct.  Signed MANNE (GL) Title Regulatory Affairs Date 10/18/93_  (This space for Federal or State Office use)  APPROVED BY  Title  Date 1003   |  |  |
| 14. I hereby certify that the foregoing is true and correct.  Signed MANNE (GL) Title Regulatory Affairs Date 10/18/93_  (This space for Federal or State Office use)  APPROVED BY  Title  Date 1003   | ے۔<br>چار میں ان   |  |
| 14. I hereby certify that the foregoing is true and correct.  Signed MANNE (GL) Title Regulatory Affairs Date 10/18/93_  (This space for Federal or State Office use)  APPROVED BY  Title  Date 1003   | - 1985년 - 1985<br>- 1985년 - 1985 |  |
| 14. I hereby certify that the foregoing is true and correct.  Signed (GL) Title Regulatory Affairs Date 10/18/93  (This space for Federal or State Office use)  APPROVED BY  Title  Date 1003  |  | <u> </u>   |
| CONDITION OF APPROVAL, if any:   | (This space for Federal or State Office use) APPROVED BYTitle  | Affairs Date 10/18/93_                           |
| DISTRICT MANAGER   | CONDITION OF APPROVAL, if any:   |  |