

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM
95 OCT -4 PM 1:02

Sundry Notices and Reports on Wells

1. Type of Well
GAS

070 FARMINGTON, NM

5. Lease Number
SF-078385A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

2. Name of Operator
MERIDIAN OIL

8. Well Name & Number
Howell L #303

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

9. API Well No.
30-045-26871

4. Location of Well, Footage, Sec., T, R, M
1550' FNL, 1800' FWL, Sec.35, T-30-N, R-8-W, NMPM

10. Field and Pool
Basin Fruitland 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"/> Reccomplection	<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 - Recavitate	

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull existing 5 1/2" liner and 2 3/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 3/8" tubing. Return the well to production.

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OCT 10 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] (JCG6) Title Regulatory Administrator Date 10/2/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

OCT 05 1995

DISTRICT MANAGER

NMOCD