

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator <b>MERIDIAN OIL</b></p> <hr/> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 2495'FSL, 790'FWL Sec.18, T-31-N, R-9-W, NMPM K</p>	<p>5. Lease Number SF-078438</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 32-9 Unit</p> <p>8. Well Name &amp; Number San Juan 32-9 Unit 267</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Ft Coal</p> <p>11. County and State San Juan Co, NM</p>
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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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<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 Injectio

13. Describe Proposed or Completed Operations

Please change the name of this well to be:  
San Juan 32-9 Unit NP #267

**RECEIVED**  
FEB 11 1994  
OIL CON. DIV.  
DIST 8

070 FARMINGTON, NM  
94 FEB - 7 AM 10:43  
RECEIVED  
BLM

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

Signed [Signature] (MW) Title Regulatory Affairs **ACCEPTED FOR RECORD**

(This space for Federal or State Office use)  
APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ **FEB 08 1994**  
CONDITION OF APPROVAL, if any: \_\_\_\_\_  
FARMINGTON DISTRICT OFFICE  
BY [Signature]