

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM
94 OCT 11 PM 3:17
070 FARMINGTON, NM

Sundry Notices and Reports on Wells

<p>1. Type of Well Gas</p> <hr/> <p>2. Name of Operator MERIDIAN OIL INC.</p> <hr/> <p>3. Address & Phone NO. of Operator P.O. Box 4289, Farmington, NM 87499 (505) 326 - 9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 990 FNL & 990 FEL UNIT A, SEC. 25, T 30 N, R 11 W</p>	<p>5. Lease Number NMSF 078198</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <hr/> <p>8. Well Name & Number ALBRIGHT A1</p> <p>9. API Well No. 0923600</p> <p>10. Field and pool AZTEC PICTURED CLIFFS</p> <p>11. County and State San Juan, NM</p>
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RECEIVED
OCT 17 1994
OIL CON. DIV.
DIST. 3

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Re-completion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input 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 Injection

13. Describe Proposed or Completed Operations

Meridian Oil Inc. respectfully requests a 1 year extension for the Albright A1. This extension will allow Meridian to re-complete and commingle this well with the Fruitland Coal horizon in our 1995 budget year.

In addition this well is being evaluated as part of a potential lateral compressor, thus allowing the well to experience lower line pressures.

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

Signed: [Signature] Title: Asst. Rep. Date: 10-7-94

(This space for Federal or State Office use)

Approved By _____ Title _____ Date _____

CONDITION OF APPROVAL, IF ANY: THIS APPROVAL EXPIRES NOV 01 1995

APPROVED
OCT 13 1994
DISTRICT MANAGER