

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator Meridian Oil Inc.</p> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec, T, R, M. 990'N, 990'E Sec. 22, T-31-N, R-10-W, NMPM</p>	<p>5. Lease Number NM-013688</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Atlantic #5</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State San Juan County, 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 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 Injection
	<input type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

A workover was concluded 9-23-91 to repair a suspected tubing leak. It was found that the tubing was parted @ 1674'. Attempts to recover the tubing failed as it was stuck in the open hole. The tubing was rerun to 1595'. A notice of our intentions for this well will be made upon evaluation of this wellbore's potential.

A notice of intent was not filed prior to moving on location as it was not intended to change the wellbore configuration.

RECEIVED
OCT 1 0 1991
OIL CON. DIV.
DIST. 2

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (DM) Title Regulatory Affairs Date 09-30-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: Sm