

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| 1. Type of Well GAS | 5. Lease Number SF-078513 |
| 2. Name of Operator MERIDIAN OIL | 6. If Indian, All. or Tribe Name |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 | 7. Unit Agreement Name San Juan 32-9 Unit |
| 4. Location of Well, Footage, Sec., T, R, M 1840' FSL, 990' FWL Sec.19, T-32-N, R-9-W, NMPM | 8. Well Name & Number San Juan 32-9 U 59 |
| | 9. API Well No. |
| | 10. Field and Pool |
| | 11. County and State San Juan Co, NM |

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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"/> 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 checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

This well is being considered either for plug and abandonment or recompletion in the Pictured Cliffs during 1994.

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

Signed [Signature] (GL) Title Regulatory Affairs Date 10/18/93

(This space for Federal or State Office use)

APPROVED BY [Signature] Title DISTRICT MANAGER

CONDITION OF APPROVAL, if any: