

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-078439 6. If Indian, All. or Tribe Name 7. Unit Agreement Name
2. Name of Operator Meridian Oil Inc.	8. Well Name & Number Johnston Federal #15 9. API Well No. 30-045-
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	10. Field and Pool Basin Ft Coal 11. County and State San Juan Co, NM
4. Location of Well, Footage, Sec., T, R, M 1680'FNL, 1450'FWL Sec.35, T-31-N, R-9-W, NMPM	

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

This well will be disconnected from the pipeline and all surface production equipment will be removed upon the successful completion of the replacement well, the Johnston Federal #15R. The Fruitland Coal reservoir pressure will be periodically monitored in the Johnston Federal #15.

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

Signed *[Signature]* Title Regulatory Affairs Date 11/4/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 09 1992

AREA MANAGER

NMOCD