

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1615'FNL, 915'FEL, Sec.28, T-32-N, R-9-W, NMPM

SF-079268
5. Lease Number
~~SF-078268~~
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 32-9 Unit
8. Well Name & Number
San Juan 32-9 U #274
9. API Well No.
30-045-28410
10. Field and Pool
Basin Fruitland Coal
11. County and State
San Juan Co, NM

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

It is intended to pull the 5 1/2" liner, clean the open hole. Rerun the 5 1/2" liner and return the well to production.

RECEIVED
SEP 15 1994
OIL CON. DIV.
DIST. 3

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

Signed *[Signature]* (JK5) Title Regulatory Affairs Date 8/31/94

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED
SEP 06 1994
DISTRICT MANAGER