

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
1650' FNL, 1754' FEL Sec.16, T-27-N, R-4-W, NMPM

5. Lease Number
SF-080674

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
San Juan 27-4 Unit

8. Well Name & Number
San Juan 27-4 U 71

9. API Well No.

10. Field and Pool

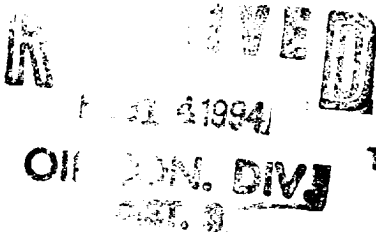
11. County and State
Rio Arriba Co., NM

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 Injectio |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

The subject well has high tubing pressure (1276 psi on January 20, 1994). There is currently too much water production to get a good test. A six-month extension is requested for setting portable separator and reconnection of lines for production test in May-June. Dehydration and production tank is currently on location, but disconnected.



THIS APPROVAL EXPIRES AUG 01 1994

RECEIVED
BLM
94 FEB -8 PM 3:12
070 FARMINGTON, NM

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

Signed [Signature] (BA) Title Regulatory Affairs Date 2/7/94

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

APPROVED

FEB 09 1994
[Signature]
DISTRICT MANAGER