

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-080425A
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 Huerfano Unit
4. Location of Well, Footage, Sec., T, R, M 1180'FNL, 1500'FWL Sec.6, T-26-N, R-10-W, NMPM	8. Well Name & Number Huerfano Unit 259
	9. API Well No.
	10. Field and Pool Basin Dakota
	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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

Following the stimulation of the Heurfano Unit #6 (M-31-27-10) located just north of this well, it is planned to evaluate the #259 for a Fruitland Coal recompletion.

RECEIVED
DEC 13 1993
OIL CON. DIV.
DIST. 3

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

Signed [Signature] (MP) Title Regulatory Affairs Date 12/3/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

[Signature]

APPROVED
DEC 09 1993
DISTRICT OFFICE