

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-078771
2. Name of Operator <i>Meridian Oil Inc. New Pipeline</i>	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name Rosa Unit
4. Location of Well, Footage, Sec, T, R, M. 1020'N, 1535'E Sec.23, T-31-N, R-6-W, NMPM	8. Well Name & Number Rosa Unit #213
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	11. County and State Rio Arriba County, NM
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 checked="" 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 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	
05-21-90 MOL&RU. Kill well. NDWH. NU BOP. Pull tbq. Ran tbq back in hole w/purge valve, one jt tbq, perfd sub tbq, pump, 1' and 8' sub and remaining tbq landed @ 3064'. Replaced donut. ND BOP. NU WH. Checked pump action, ok. Released rig.	

RECEIVED
JUN 29 1990
OIL CON. DIV
DIST. 3

14. I hereby certify that the foregoing is true and correct.
Signed *[Signature]* Title Regulatory Affairs Date 5-29-90
ACCEPTED FOR RECORD
JUN 26 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ BY *[Signature]* DATE _____
CONDITION OF APPROVAL, IF ANY:

NMOCD