

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

Oper. days from NW pipeline

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
1020'FNL, 1535'FEL, Sec.23, T-31-N, R-6-W, NMPM

5. Lease Number
SF-078771
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Rosa Unit
8. Well Name & Number
Rosa Unit #213
9. API Well No.
30-039-24426
10. Field and Pool
Basin Fruitland Coal
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 Injection
	<input checked="" type="checkbox"/> Other - Recavitate

13. Describe Proposed or Completed Operations

It is intended to perform a workover in the following manner:

Pull existing 5 1/2" liner and 2 3/8" tubing. Surge w/gas until formation
stablizes. Rerun the 5 1/2" liner and 2 3/8" tubing.

RECEIVED
OCT - 3 1994

OIL CON. DIV.
DIST. 3

NOV 1 1994
OCT 28 1994
OCT 28 1994

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

Signed *[Signature]* (JG7) Title Regulatory Affairs Date 9/27/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED
SEP 28 1994
DISTRICT MANAGER