## UNITED STATES

ONTIED SINIES								
DEPARTME	NT	OF	THE	INTERI	OR			
BUREAU	OF	LAN	ID MA	NAGEME	T			

Sundry Notice	es and Reports on Wells					
		5. Lease Number SF-078771				
1. Type of Well		6.	· - · · · · · <del>-</del>	All or		
GAS		٠.	Tribe Name			
GAS			TIIDC Hame	TIDE Name		
		7.	Unit Agree	ment Name		
2. Name of Operator						
MERIDIAN OIL		_				
		8.				
3. Address & Phone No. of Operator		^	Rosa Unit			
FO Box 4289, Farmington, NM 8	37499 (505) 326-9700	9.	API Well N			
4 Tables of Wall Back or Con		1.0	30-039-24427 Field and Pool			
4. Location of Well, Footage, Sec. 790'FSL, 1745'FWL, Sec.14, T-31		10.				
790 fsh, 1745 fwh, sec.14, 1-3.	1-N, R-0-W, NMEM	11	Basin Fruitland Coal County and State Rio Arriba Co, NM			
		± ± •				
			KIO ALIIDA	. co, MM		
12. CHECK APPROPRIATE BOX TO INDIC	CATE NATURE OF NOTICE, RE	PORT, OTHER	DATA	<del></del>		
Type of Submission	Type of Action					
X Notice of Intent	Abandonment C	hange of Pla	ans			
_ <del>_</del> _	Recompletion N	ew Čonstruct	ion			
Subsequent Report	Plugging Back Non-Routine Fracturing					
	Casing Repair W Altering Casing C	ater Shut of	f			
Final Abandonment	Injection					
-	X_ Other - Recavitate					
It is intended to perform a	workover in the followin					
Pull existing 5 1/2" liner a stablizes. Rerun the	and 2 3/8" tubing. Surge = 5 1/2" liner and 2 3/8"		formation			
			<b>S</b>	( == ,;.==		
		1 97%	<u> </u>	( <b>)</b> F3		
	OECEIVE	3 m	<u>.</u>	님 경기		
	Turned tour Breeze Lat Care and			NA TIL		
	101 OCT - 3 1994	り				
	== UU1 = 3 100 <del>1</del>					
		757	<u>:</u> =	<u> </u>		
	@[]L G@ <b>N</b> . DI	UV.		 V		
	DIM. 3			<del>-</del> 1		
	grade colored grade to the colored	j				
14. I hereby certify that the fo	oregoing is true and corr	ect.		_		
16 8			0 (07 (04			
Signed ////////////////////////////////////	(JG7)Title Regulatory Af	fairs Date	e 9/27/94 <u> </u>			
(This space for Federal or State of APPROVED BY	Office use) Title	Date		<b></b> *•		
CONDITION OF APPROVAL, if any:			the table	La land		