

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p>	<p>5. Lease Number SF-078764</p>
<p>2. Name of Operator MERIDIAN OIL</p>	<p>6. If Indian, All. or Tribe Name</p>
<p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p>	<p>7. Unit Agreement Name Rosa Unit</p>
<p>4. Location of Well, Footage, Sec., T, R, M 990'FNL, 1260'FWL Sec.18, T-31-N, R-5-W, NMPM</p>	<p>8. Well Name & Number Rosa Unit 221</p>
	<p>9. API Well No.</p>
	<p>10. Field and Pool Basin Ft Coal</p>
	<p>11. County and State Rio Arriba Co, NM</p>

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

It is planned to fracture stimulation and complete this well during the second quarter of 1994, when weather permits.

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

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

Signed [Signature] (RH) Title Regulatory Affairs **ACCEPTED FOR RECORD**

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date DEC 6 1993

CONDITION OF APPROVAL, if any:

FARMINGTON DISTRICT OFFICE

BY [Signature]