ONTLED		LED.	STATES	
DEPARTME	ENT	OF	THE	INTERIOR
BUREAU	OF	LAI	M CI	ANAGEMENT

Sundry Notices and Reports on Wel	.ls
1. Type of Well GAS	5. Lease Number SF-078766 Tribe Name
	7. Unit Agreement Name
2. Name of Operator MERIDIAN OLL	Rosa Unit 8. Well Name & Number
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	Rosa Unit #332
4. Location of Well, Footage, Sec., T, R, M 1565'FSL, 1330'FWL Sec.22, T-31-N, R-6-W, NMPM	10. Field and Pool Basin Ft Coal 11. County and State Rio Arriba Co, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	E, REPORT, OTHER DATA
Type of Submission _x_ Notice of Intent _x_ Notice of Intent _x_ Recompletion Subsequent Report Plugging Back	Change of Plans New Construction Non-Routine Fracturing Water Shut off Conversion to Injectio
Casing Repair Final Abandonment X Other -	Water Shut off Conversion to Injectio
13. Describe Proposed or Completed Operations	
It is intended to use the following conditions for this well location: 1. Pits will be lined with an impervious material at least 8 mils thick	k
Pits will be fenced during workover operations.	N
All disturbance will be kept on existing pad.	
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	• Action of the Control of the Contr
14. I hereby certify that the foregoing is true and	correct.
Signed Title Regulatory A	
(This space for Federal or State Office use) APPROVED BY Title	Date 1 2 1994
CONDITION OF APPROVAL, if any:	TO STATE AND LACED