

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	5. Lease Number SF-079909
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name San Juan 32-9 Unit
4. Location of Well, Footage, Sec., T, R, M 1670' FSL, 1090' FEL Sec.12, T-31-N, R-10-W, NMPM	8. Well Name & Number San Juan 32-9 U 4A
	9. API Well No.
	10. Field and Pool
	11. County and State San Juan 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 -	

13. Describe Proposed or Completed Operations

This well has had the pump stuck and is being worked over in order to return to production.

RECEIVED
OCT 25 1993

RECEIVED
BLM
OCT 19 11:12
OCT 19 11:12

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

Signed [Signature] (GL) Title Regulatory Affairs Date 10/18/93

(This space for Federal or State Office use)

APPROVED BY [Signature] Title DISTRICT MANAGER

CONDITION OF APPROVAL, if any: