

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-078604 6. If Indian, All. or Tribe Name 7. Unit Agreement Name
2. Name of Operator MERIDIAN OIL	8. Well Name & Number Lucerne A #1A 9. API Well No.
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	10. Field and Pool Blanco Mesa Verde 11. County and State San Juan Co, NM
4. Location of Well, Footage, Sec., T, R, M 950'FNL, 1780'FWL Sec.9, T-31-N, R-10-W, NMPM	

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 checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input 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 intended to shut off the gas flow out of the bradenhead valve per the attached procedure and wellbore diagram.

RECEIVED
AUG 24 1993
OIL CON. DIV.
DIST. 3

070 FARMINGTON, NM

93 AUG 17 PM 3:44

RECEIVED
BLM

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

Signed [Signature] (TJM) Title Regulatory Affairs Date 8/16/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

APPROVED

Date

AUG 19 1993

DISTRICT MANAGER

NMOCD