

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

95 OCT -4 PM 1:01

070 FARMINGTON, NM

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
860' FNL, 1950' FEL, Sec.29, T-32-N, R-6-W, NMPM

5. Lease Number
SF-081155
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Allison Unit
8. Well Name & Number
Allison Unit #102
9. API Well No.
30-045-26982
10. Field and Pool
Basin Fruitland Coal
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 - Recavitate	

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull existing 5 1/2" liner and 2 3/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 3/8" tubing. Return the well to production.

RECEIVED
OCT 10 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] (JCG6) Title Regulatory Administrator Date 10/2/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date

APPROVED

CONDITION OF APPROVAL, if any:

OCT 05 1995

DISTRICT MANAGER

REVISED

2000 20 100

PROJECT MANAGER