

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number NM-58887
2. Name of Operator Meridian Oil Inc.	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec, T, R, M. 1190'S, 1450'E Sec. 19, T-32-N, R-9-W, NMPM	8. Well Name & Number Newco #101
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	11. County and State San Juan County, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA	
Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 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	
08-01-90 MOL&RU. ND WH. NU BOP. Kill well w/65 BW. TIH, tag fill @ 3465'. TOOH w/tbg. SDFN.	
08-02-90 TIH w/3427' of 2 3/8" tbg set @ 3437'. Ran 7/8" rods, Moyno pump and rotor.	

RECEIVED
AUG 28 1990
OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Affairs 8/14-90

(This space for Federal or State office use)

AUG 24 1990

APPROVED BY _____
CONDITION OF APPROVAL, IF ANY:

TITLE _____

FARMINGTON RESOURCE AREA
DATE _____