

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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

1080'FSL, 790'FWL, Sec.14, T-32-N, R-7-W, NMPM

5. Lease Number
SF-078459B6. If Indian, All. or
Tribe Name7. Unit Agreement Name
Allison Unit8. Well Name & Number
Allison Unit #1279. API Well No.
30-045-2713910. Field and Pool
Basin Frt Coal11. 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

It is intended to pull the 5 1/2" liner, clean the open hole. Rerun the 5 1/2" liner & return the well to production.

RECEIVED
AUG 12 1994

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
94 AUG -3 AM 8:46
070 FARMINGTON, NM

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

Signed *Supra Maddies* (JAS6) Title Regulatory Affairs Date 8/1/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

AUG 04 1994

Chip Haraden
for DISTRICT MANAGER