

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
1590' FSL, 1000' FEL, Sec. 35, T-31-N, R-9-W, NMPM

Lease Number
SF-078439

If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Johnston Federal #23

9. API Well No.
30-045-27270

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 the existing 5 1/2" liner and 2 7/8" tubing. Surge w/gas until formation stabilizes. Rerun the 5 1/2" liner and 2 7/8" tubing. Return the well to production.

RECEIVED
AUG - 8 1995
OIL CON. DIV.
DIST. 3

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

Signed [Signature] (FAS5) Title Regulatory Administrator Date 7/26/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date _____

CONDITION OF APPROVAL, if any:

APPROVED

AUG 02 1995

Chip Haraden
for DISTRICT MANAGER