UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1. Type of Well GAS		Lease Number SF 078439 If Indian, All. or Tribe Name
2. Name of Operator	_ 7.	Unit Agreement Name
MERIDIAN OIL	0	W-11 N
3. Address & Phone No. of Operator	。.	Well Name & Number Johnston Federal #28
PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	API Well No. 30-045-28124
Location of Well, Footage, Sec., T, R, M 2255 FSL, 1065 FWL, Sec.33, T-31-N, R-9-W, NMPM		Field and Pool Basin Fruitland Coal County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE Type of Submission Type of A Mandonment Recompletion X Subsequent Report Plugging Back Casing Repair Final Abandonment Altering Casing Type of A Altering Casing Type of A	ction Ch Ne No Wa	ange of Plans W Construction On-Routine Fracturing Ster Shut off Onversion to Injectio
13. Describe Proposed or Completed Operations		
Well incapable of production. All equipment has been removed.		
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