

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
CO2 INJECTION

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
600'FSL, 785'FEL, Sec.19, T-32-N, R-6-W, NMPM

5. Lease Number
SF-081155
6. If Indian, All. or
7. Unit Agreement Name
Allison Unit
8. Well Name & Number
Allison Unit Inj #140
9. API Well No.
30-045-29182
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 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 checked="" 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
11-19-94 Drill cmt @ 3089-3380'. Ran CBL-CCL-GR @ 60-3385'. TOC @ 120'.

RECEIVED
NOV 30 1994
OIL CON. DIV.
DIST. 3

NOV 22 PM 3:06
OIL CON. DIV. DIST. 3

14. I hereby certify that the foregoing is true and correct.
Signed [Signature] Title Regulatory Affairs Date 11/22/94

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any: