UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1. Type of Well GAS 1. Type of Well GAS 2. Name of Operator MERIDIAN 3. Address & Phone No. of Operator FO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M 1190'FSL, 1510'FEL, Sec.12, T-24-N, R-5-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X. Notice of Intent Abandonment Recompletion New Construction New Const	Sundry Noti	ices and Reports on Wells	-1	
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14. I hereby certify that the foregoing is true and correct.	14. I hereby certify that the	foregoing is true and correct.		
Signed (TEM3) Title Regulatory Affairs Date 5/22/95	Signed MALLAULE	(TEM3) Title Regulatory Affair	rs Da	te 5/22/95
(This space for Pederal Office use) APPROVED BY Title Date CONDITION OF APPROVAL, if any:	APPROVED BY WORL KSUS	e Office Use) Title	Date _	JUN 2 1995