

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Southland Royalty Co</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 2310'FNL, 660'GWL Sec.35, T-24-N, R-4-W, NMPM</p>	<p>5. Lease Number Jicarilla Cont 416</p> <p>6. If Indian, All. or Tribe Name Jicarilla Apache</p> <p>7. Unit Agreement Name</p> <hr/> <p>8. Well Name & Number Medio Canyon #7</p> <p>9. API Well No.</p> <hr/> <p>10. Field and Pool W.Lindrith Gl-Dk</p> <p>11. County and State Rio Arriba Co, NM</p>
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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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

This well has been capable of production since February 1992. The well is waiting for El Paso Natural Gas to tie-in the well to their gathering system. Meridian Oil Inc., as a prudent operator of the state's natural resources, requests a three month (90 day) venting permit to allow for oil production testing. At the end of testing, the well will be tied into the pipeline and no further venting of gas will occur. Gas venting of 100 MCFD is anticipated.

RECEIVED
JUL 1 1992
OIL CON. DIV.
DIST. 3

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

Signed *Regan Draafeld* (TEM) Title Regulatory Affairs Date 7/20/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date
APPROVED

JUL 23 1992
Deanne A. [Signature]
AREA MANAGER

NMOCG