

submitted in lieu of Form 3160-5

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  
795' FSL, 1135' FWL, Sec.5, T-27-N, R-5-W, NMPM

RECEIVED  
FARMINGTON DISTRICT OFFICE  
95 OCT 27 PM 2:41  
078 Lease Number  
SF-979393  
6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

San Juan 27-5 Unit  
8. Well Name & Number  
San Juan 27-5 U #330  
9. API Well No.  
30-039-25522  
10. Field and Pool  
Basin Fruitland Coal  
11. County and State  
Rio Arriba 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"/> 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 type="checkbox"/> Other -                    |
|  | <input checked="" 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

Please cancel the sundry to perform sidewall coring on the subject well.

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

Signed [Signature] (SCWFTC) Title Regulatory Administrator Date 10/23/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

OCT 30 1995

FARMINGTON DISTRICT OFFICE

BY 244

NMOCN