

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports **3 APR 25 AM 7:42**

1. Type of Well
GAS

070 FARMINGTON, NM

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
1150' FSL, 850' FWL, Sec. 22, T-28-N, R-5-W, NMPM

5. Lease Number
SF-079519A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 28-5 Unit
8. Well Name & Number
San Juan 28-5 U #48
9. API Well No.
30-039-07361
10. Field and Pool
Blanco Mesaverde
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 checked="" 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

It is intended to evaluate the subject well as a sidetracking candidate. It is not intended to add pay at this time.

RECEIVED
MAY - 1 1995
OIL CON. DIV.
DIST. 3

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

Signed [Signature] (BBH8) Title Regulatory Affairs Date 4/24/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED
APR 20 1995
NMOCD
DISTRICT MANAGER