

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

55 JUN 13 PM 1:54

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
1335' FNL, 870' FEL, Sec.29, T-28-N, R-4-W, NMPM

5. Lease Number
NM-03863
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 28-4 Unit
8. Well Name & Number
San Juan 28-4 U #37
9. API Well No.
30-039-20673
10. Field and Pool
Basin Dakota
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"/> 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 checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to reperforate and restimulate the Dakota interval in the subject well. This work is scheduled for 1996 budget year.

THIS APPROVAL EXPIRES JUN 01 1996

RECEIVED
JUN 26 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] (SHL8) Title Regulatory Affairs Date 6/15/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NMOCD

JUN 23 1995
DISTRICT MANAGER