

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator <b>MERIDIAN OIL</b></p> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M 2030'FNL, 885'FEL Sec.14, T-28-N, R-5-W, NMPM</p>	<p>5. Lease Number SF-079250</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name  San Juan 28-5 Unit</p> <p>8. Well Name &amp; Number San Juan 28-5 U #97</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</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

<p><input checked="" type="checkbox"/> Notice of Intent</p> <p><input type="checkbox"/> Subsequent Report</p> <p><input type="checkbox"/> Final Abandonment</p>	<p><input type="checkbox"/> Abandonment</p> <p><input type="checkbox"/> Recompletion</p> <p><input type="checkbox"/> Plugging Back</p> <p><input type="checkbox"/> Casing Repair</p> <p><input type="checkbox"/> Altering Casing</p> <p><input checked="" type="checkbox"/> Other - surface facilities restoration</p>	<p><input type="checkbox"/> Change of Plans</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Non-Routine Fracturing</p> <p><input type="checkbox"/> Water Shut off</p> <p><input type="checkbox"/> Conversion to Injectio</p>
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13. Describe Proposed or Completed Operations

The subject well is currently listed as inactive. The well has not produced due to lack of or inadequate surface facilities. The well, however, is capable of production. The surface facilities will be restored and the well will be returned to production within 365 days.

RECEIVED  
OCT 1994

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THIS APPROVAL EXPIRES **FEB 01 1995**

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

Signed [Signature] (KS) Title Regulatory Affairs Date 2/2/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

- FEB 09 1994

DISTRICT MANAGER

NM000