

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
2030' FNL, 885' FEL, Sec.14, T-28-N, R-5-W, NMPM

5. Lease Number
SF-079250

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 #97

9. API Well No.
30-039-21393

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"/> 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 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 reperfurate and restimulate the Dakota interval in the subject wellbore. This work is scheduled for the 1996 budget year.

THIS APPROVAL EXPIRES

FEB 01 1996

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

JUN 20 1995

NMOCID

DISTRICT MANAGER