## UNITED STATES DEPARTMENT OF THE INTERIO BUREAU OF LAND MANAGEMEN

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|   | Name of the state of |
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| Sundry Notion   | ces and Reports on Wells   | •                                |   |  |
|---|--|----------------------------------|---|--|
|   | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 5.                               | Lease Number<br>SF-079520                     |  |
| 1. Type of Well GAS   | and the state of the state of the second | 6.                               | If Indian, All. or<br>Tribe Name              |  |
|   | ·  | 7.                               | Unit Agreement Name                           |  |
| 2. Name of Operator MERIDIAN OIL  |  |                                  | San Juan 28-5 Unit                            |  |
|   |  | 8.                               | Well Name & Number                            |  |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM              |  | 9.                               | San Juan 28-5 U #98 API Well No. 30-039-21820 |  |
| 4. Location of Well, Footage, Sec<br>1555'FNL, 790'FEL, Sec.24, T-          |  | 10.                              | Field and Pool Basin Dakota                   |  |
|   |  | 11.                              | County and State<br>Rio Arriba Co, NM         |  |
| 12. CHECK APPROPRIATE BOX TO IND  | ICATE NATURE OF NOTICE, REPORT,  | OTHER                            | DATA  |  |
| Type of Submission  | Type of Action   |                                  |   |  |
| $_{ m X}_{ m }$ Notice of Intent  |  | Change of Plans New Construction |   |  |
| Subsequent Report   | Plugging Back Non-Ro   | utine                            | Fracturing                                    |  |
|   | Casing Repair Water  | Shut o                           | ff  |  |
| Final Abandonment   | Altering Casing Conver_<br>_X_ Other -   | sion to                          | o Injection                                   |  |
| 13. Describe Proposed or Compl  | eted Operations  |                                  |   |  |
| wellbore. This work   | ate and restimulate the Dakota k is scheduled for the 1996 bude s APPROVAL EXPIRES                             | get yea                          | JUN 26 235                                    |  |
|   |  | (0)                              | IL COV.                                       |  |
|   |  | ٠.                               |   |  |
| 14. I hereby certify that the   | foregoing is true and correct.   |                                  | <del></del>                                   |  |
| signed May Had hill   |  | s Da                             | te 6/15/95                                    |  |
| (This space for Federal or State APPROVED BY CONDITION OF APPROVAL, if any: |  | ate _                            |   |  |
| condition of Althorny, if day.  |  | .a                               |   |  |
|   |  | -4 P                             | PROVED  |  |