(This space for Federal or State Office use)

CONDITION OF APPROVAL, if any:

APPROVED BY

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1. Type of Well GAS		Lease Number SF-079727
		If Indian, All. or Tribe Name
2. Name of Operator  MERIDIAN OIL		Unit Agreement Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700		Well Name & Number Valdez #1 API Well No.
4. Location of Well, Footage, Sec., T, R, M 860'FSL, 1590'FEL Sec.9, T-28-N, R-4-W, NMPM		Field and Pool Pictured Cliffs County and State Rio Arriba Co, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE Type of Submission Type of Act		PORT, OTHER DATA
_x_ Notice of Intent _x_ Abandonment Recompletion	_ Ne	ange of Plans w Construction
Subsequent Report Plugging Back Casing Repair Final Abandonment Altering Casing Other -	Wa	n-Routine Fracturing ter Shut off nversion to Injectio
13. Describe Proposed or Completed Operations		
It is intended to plug and abandon this well within 365 days. A procedure and w DECEIVE APR 2 8 1994		SECEIVED 070 STATES
14. I hereby certify that the foregoing is true and considered Signed (KS) Title Regulatory Af		ct.

Title

DIST TO MANAGE