

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

|   |  |
|---|--|
| <p>1. Type of Well<br/>GAS</p> <hr/> <p>2. Name of Operator<br/>MERIDIAN OIL</p> <hr/> <p>3. Address &amp; Phone No. of Operator<br/>PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M<br/>1850'FNL, 1715'FEL Sec.33, T-27-N, R-9-W, NMPM</p> | <p>5. Lease Number<br/>SF-078081</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name<br/>Huerfanito Unit</p> <p>8. Well Name &amp; Number<br/>Huerfanito Unit 33</p> <p>9. API Well No.</p> <p>10. Field and Pool<br/>Basin Ft Coal</p> <p>11. County and State<br/>San Juan, NM</p> |
|---|--|

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 Injectio |

13. Describe Proposed or Completed Operations

This well is currently waiting on pipeline connection.

RECEIVED  
MAR 6 1994  
OIL CON DIV  
DISTRICT

RECEIVED  
BLM  
94 MAR 19 7:10:34  
OFC FARMINGTON, NM

THIS APPROVAL EXPIRES APR 01 1995

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

Signed *Jean Starfield* (MP) Title Regulatory Affairs Date 3/9/94

(This space for Federal or State Office use)  
APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

APPROVED  
Date MAR 14 1994  
DISTRICt MANAGER