

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  
PC Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
1150' FSL, 850' FEL, Sec.27, T-27-N, R-10-W, NMPM

5. Lease Number  
SF-077951A

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Frost #2

9. API Well No.  
30-045-06219

10. Field and Pool  
Fulcher Kutz Pict.Cliffs

11. County and State  
San Juan 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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to restimulate the subject well during 1996.

THIS APPROVAL EXPIRES JUL 01 1996

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

Signed [Signature] (LWD2) Title Regulatory Affairs Date 6/21/95

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

APPROVED

[Signature] JUN 23 1995  
DISTRICT MANAGER

NMOCD

