

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

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator Meridian Oil Inc.</p> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec, T, R, M. 920'S, 1060'W Sec.22, T-27-N, R-10-W, NMPM</p>	<p>5. Lease Number SF-077952</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Gordon #5</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Ft.C/Fulcher K PC</p> <p>11. County and State San Juan County, NM</p>
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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 - Commingle	

13. Describe Proposed or Completed Operations

The commingle of the Fruitland Coal and Pictured Cliffs formations was approved by the New Mexico Oil Conservation Division October 23, 1991.

The commingling will be accomplished in the following manner:

TOOH w/1887' of 1 1/4" IJ tbg and 1926' of 1 1/2" IJ tbg w/5 1/2" Baker Model AD-1 pkr. TIH w/1 1/2" tbg without packer and land @ 1926'. Replace dual wellhead configuration w/single string wellhead.

RECEIVED
DEC 24 1991
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (KAS) Title Regulatory Affairs Date 11-26-91

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

DEC 29 1991

AREA MANAGER