

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

4. Location of Well, Footage, Sec., T, R, M
1625'FSL, 1090'FEL, Sec.21, T-27-N, R-10-W, NMPM

5. Lease Number
SF-077386A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Johnson #2

9. API Well No.
30-045-06366

10. Field and Pool
Basin Fruitland Coal/
Fulcher Kutz Pict. Clfs

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"/> 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 Injection

13. Describe Proposed or Completed Operations

It is intended to remove the existing tbg strings, set a bridge plug above the Pictured Cliffs @ 1850', and install pressure monitoring equipment. The well will be utilized for reservoir characterization tests for 6 months. At the conclusion of the test, the bridge plug will be removed and the wellbore will be returned to its current configuration.

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

Signed [Signature] (KAS2) Title Regulatory Affairs Date 9/29/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

OCT 03 1994

DISTRICT MANAGER

NMAD001