

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 2050'FNL, 1000'FWL, Sec.22, T-27-N, R-9-W, NMPM</p>	<p>5. Lease Number SF-078356</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Huerfanito Unit</p> <p>8. Well Name &amp; Number Huerfanito U #75</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</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 - Repair Well	

13. Describe Proposed or Completed Operations

Meridian Oil has evaluated this wellbore and intends to repair the well in the following manner: TOOH w/tbg. Remove gas lift valves. TIH w/tbg and plunger lift. Return well to production.

It is intended to submit a sundry notice with a detailed procedure prior to moving a rig on location. Additional surface facilities will be required.

**RECEIVED**  
APR 2 0 1992  
OIL CON. DIV  
DIST. 3

RECEIVED  
OIL CON. DIV  
APR 31 PM 2:29  
SANTA FE, N.M.

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

Signed *James J. Mahfield* (JAS) Title Regulatory Affairs Date 3-31-92

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date APR 16 1992

CONDITION OF APPROVAL, if any: NMOOD

**APPROVED**  
*[Signature]*  
AREA MANAGER