

**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 PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <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 & Number Huerfanito Unit #75</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State San Juan Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<p>Type of Submission</p> <p><input checked="" type="checkbox"/> Notice of Intent</p> <p><input type="checkbox"/> Subsequent Report</p> <p><input type="checkbox"/> Final Abandonment</p>	<p>Type of Action</p> <p><input type="checkbox"/> Abandonment</p> <p><input type="checkbox"/> Recompletion</p> <p><input type="checkbox"/> Plugging Back</p> <p><input type="checkbox"/> Casing Repair</p> <p><input type="checkbox"/> Altering Casing</p> <p><input checked="" type="checkbox"/> Other -</p>	<p><input type="checkbox"/> Change of Plans</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Non-Routine Fracturing</p> <p><input type="checkbox"/> Water Shut off</p> <p><input type="checkbox"/> Conversion to Injection</p>
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13. Describe Proposed or Completed Operations

Meridian Oil has evaluated this wellbore and is applying for a long-term shut in due to high line pressures. At such time when additional mainline capacity is increased and pressures decrease, the wellbore will be evaluated for economic productivity.

RECEIVED
BLM
92 JUN 18 PM 2:01
19 FARMINGTON, N.M.

THIS APPROVAL EXPIRES JUN 19 1993

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

Signed *[Signature]* (JAS) Title Regulatory Affairs Date 6/18/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ **APPROVED**

CONDITION OF APPROVAL, if any:

JUN 19 1992
[Signature]
 AREA MANAGER

MOCO