

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
1090' FNL, 1090' FWL, Sec.24, T-27-N, R-9-W, NMPM

5. Lease Number
SF-078356
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Huerfanito Unit
8. Well Name & Number
Huerfanito Unit #95
9. API Well No.
30-045-06399
10. Field and Pool
So Blanco 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 in 1996.

THIS APPROVAL EXPIRES JUN 01 1996

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

Signed [Signature] (PMP1) Title Regulatory Affairs Date 5/31/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JUN 06 1995

DISTRICT MANAGER

NMOCD