

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 Inc.

3. Address & Phone No. of Operator  
Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec, T, R, M.  
420'S, 400'E Sec. 14, T-27-N, R-10-W, NMPM

5. Lease Number  
SF-079596

6. If Indian, All or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Morris #3

9. API Well No.

10. Field and Pool  
Basin Fruitland Coal

11. County and State  
San Juan County, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| Type of Submission                         | Type of Action                                   |
|--|--|
| <input 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 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

Please cancel our application for plugback and recompletion of this wellbore.

SEP 04 1990  
OIL CON. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct  
Signed [Signature] Title Regulatory Affairs Date 8-10-90

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITION OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

AUG 27 1990  
DATE

FARMINGTON RESOURCE AREA

BY 21