

**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  
1190'FNL, 790'FEL Sec.15, T-27-N, R-10-W, NMPM

5. Lease Number  
SF-077329  
6. If Indian, All. or  
Tribe Name  
7. Unit Agreement Name  
8. Well Name & Number  
C. M. Morris #6  
9. API Well No.  
10. Field and Pool  
Pic.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"/> 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 Injectio

13. Describe Proposed or Completed Operations

It is requested this well remain shut in in its present condition one year. It is currently unable to produce against existing pipeline pressure. Should line pressures drop sufficiently, the well would produce in economic quantities. However, it cannot produce at a rate sufficient to justify wellhead compression. We are currently evaluating options to lower line pressure in general with the operator of the gathering system (GCNM/EPNG). The wellbore is mechanically sound, as indicated by relationship between tubing/casing pressure (90/100 psi, respectively) and expected reservoir pressure for the area (120 psi). A bradenhead test will be performed within 180 days; results and any plans to remediate failures noted will be submitted by subsequent sundry.

THIS APPROVAL EXPIRES JUN 01 1995

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

Signed [Signature] (SBD) Title Regulatory Affairs Date 4/22/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

APPROVED

APR 23 1994  
DISTRICT MANAGER