

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FEDERAL

Sundry Notices and Reports on Wells

1. Type of Well
GAS

Lease Number
SF-078357
If Indian, All. or
Tribe Name

2. Name of Operator
MERIDIAN OIL

Unit Agreement Name

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

Well Name & Number
Marshall #1

API Well No.
30-045-06530

4. Location of Well, Footage, Sec., T, R, M
1450' FNL, 1510' FWL, Sec. 14, T-27-N, R-9-W, NMPM

Field and Pool
Basin Dakota

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 planned to return the subject well to producing status by reconnecting to the pipeline.

THIS APPLICANT CERTIFIES THAT THE FOREGOING IS TRUE AND CORRECT.

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

Signed [Signature] (PMP) Title Regulatory Affairs Date 6/21/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NMOCD