

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-079937 6. If Indian, All. cr Tribe Name 7. Unit Agreement Name
2. Name of Operator MERIDIAN OIL	8. Well Name & Number Turner Hughes 2 9. API Well No.
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	10. Field and Pool Basin Ft Coal 11. County and State San Juan Co, NM
4. Location of Well, Footage, Sec., T, R, M 1025'FNL, 885'FWL Sec.11, T-27-N, R-9-W, NMPM	

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 checked="" 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 Injectio
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

This well is being evaluated for recompletion into another formation.

RECEIVED  
MAY 1 1994  
BUREAU OF LAND MANAGEMENT  
SUNNYVALE, CALIF.

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

Signed *Regan Stapp* (CAJ) Title Regulatory Affairs Date 4/29/94

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

APPROVED  
MAY 06 1994  
DISTRICT MANAGER

APPROVED