UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

_	ices and Reports on Well	.s	
		5.	Lease Number SF-080382
. Type of Well GAS		6.	If Indian, All. or Tribe Name
		7.	Unit Agreement Name
. Name of Operator			
MERIDIAN OIL		8.	Well Name & Number
3. Address & Phone No. of Operator			Santa Fe G #2
PO Box 4289, Farmington, NM		9.	API Well No. 30-045-06785
4. Location of Well, Footage, Sec., T, R, M 790'FSL, 790'FWL, Sec.5, T-27-N, R-11-W, NMPM		10.	Field and Pool Basin Fruitland Coa
790 FSL, 790 FWL, Sec.S, 1-2	/-N, R-II-W, NMEM	11.	County and State
			San Juan Co, NM
CHECK APPROPRIATE BOX TO IN Type of Submission	DICATE NATURE OF NOTICE, Type of Act		DATA
X Notice of Intent	Abandonment	Change of Pla	ans
	Recompletion	New Construct	ion
Subsequent Report	Recompletion Plugging Back	New Construct Non-Routine I	Fracturing
	Casing Repair	Water Shut of	f
Final Abandonment	Altering Casing	Conversion to	o Injection
	X_ Other - Workover		
3. Describe Proposed or Comp.			
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APPROVED