

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number NM-84078
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec., T, R, M 990' FSL, 990' FEL Sec.2, T-27-N, R-12-W, NMPM	8. Well Name & Number Thompson C #2
	9. API Well No. 30-045-
	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"/> 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 Injectio
	<input checked="" type="checkbox"/> Other -

13. Describe Proposed or Completed Operations

This well will be recompleted in the Fruitland Coal. A procedure will be submitted within 60 days.

RECEIVED
JUN 27 1994

OIL CON. DIV.
DIST. 3

RECEIVED
JUN 17 PM 1:53
OIL CON. DIV.
DIST. 3

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

Signed [Signature] (SBD2) Title Regulatory Affairs Date 6/17/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

NMOOD

APPROVED
JUN 27 1994
[Signature]