

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTRECEIVED  
OCT 11 1994

OCT 11 PM 3:16

070 FARMINGTON, NM

## Sundry Notices and Reports on Wells

- |  |   |
|--|---|
| 1. <b>Type of Well</b><br>Gas  | 5. <b>Lease Number</b><br>NMNM 84078              |
| 2. <b>Name of Operator</b><br>Meridian Oil Inc.  | 6. <b>If Indian, All. or<br/>Tribe Name</b>       |
| 3. <b>Address &amp; Phone NO. of Operator</b><br>P.O. Box 4289, Farmington, NM 87499<br>(505) 326 - 9700       | 7. <b>Unit Agreement Name</b>                     |
| 4. <b>Location of Well, Footage, Sec., T, R, M</b><br><br>990 FSL & 990 FEL<br>UNIT P, SEC. 02, T 27 N, R 12 W | 8. <b>Well Name &amp; Number</b><br>THOMPSON C #2 |
|  | 9. <b>API Well No.</b>                            |
|  | 10. <b>Field and pool</b><br>KUTZ PICTURED CLIFFS |
|  | 11. <b>County and State</b><br>San Juan, NM       |

RECEIVED  
OCT 17 1994OIL CON. DIV.  
LIT. B

## 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

## Type of Submission

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment

## Type of Action

- |  |   |
|--|---|
| <input type="checkbox"/> Abandonment     | <input type="checkbox"/> Change of Plans          |
| <input type="checkbox"/> Re-completion   | <input type="checkbox"/> New Construction         |
| <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 type="checkbox"/> Other           |   |

## 13. Describe Proposed or Completed Operations

Meridian Oil Inc. respectfully requests a 1 year extension for the Thompson C2. This extension will allow Meridian to further evaluate the wellbore for up hole potential and possible remedial work to recover potential reserves in place. The well currently shows mechanical integrity with a shut-in pressure of 149 psig.

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

Signed

Title

Date

10-09-94

(This space for Federal or State Office use)

Approved By

Title

Date

OCT 01 1995

CONDITION OF APPROVAL, IF ANY:

THIS APPROVAL EXPIRES

APPROVED

OCT 11 1994

DISTRICT MANAGER