

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

2. Name of Operator
MERIDIAN OIL

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

4. Location of Well, Footage, Sec., T, R, M
1650' FSL, 1 650' FWL Sec. 2, T-27-N, R-12-W, NMPM

5. Lease Number
SF-078936

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Harmon A #1

9. API Well No.
30-045-

10. Field and Pool
Fruitland Coal

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 restimulated and placed on compression. 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., NM

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 _____
CONDITION OF APPROVAL, if any:

APPROVED
JUN 27 1994
DIST. 3