

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 990' FSL, 990' FEL Sec. 8, T-27-N, R-10-W, NMPM 1650' FNL 1650' FWL 2 12</p>	<p>5. Lease Number SF-078936</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Harmon A #2</p> <p>9. API Well No.</p> <p>10. Field and Pool West Kutz PC</p> <p>11. County and State San Juan County, NM</p>
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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 Injection
	<input checked="" type="checkbox"/> Other -Long Term Shut In	

13. Describe Proposed or Completed Operations

Due to the fact that this well cannot produce because it is connected to a high pressure line, Meridian Oil requests a long term shut in, in order to determine the effects the upcoming pipeline expansions will have on line pressure.

THIS APPROVAL EXPIRES APR 20 1993

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

Signed [Signature] (KAS) Title Regulatory Affairs Date 3-31-92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

NMOOD

APPROVED

Date APR 20 1992

AREA MANAGER

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