

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 &amp; 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. 4, T-27-N, R-10-W, NMPM</p>	<p>5. Lease Number SF-077382</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number Hargrave #1</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Ft Coal</p> <p>11. County and State San Juan Co, 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

Meridian Oil is currently evaluating this wellbore for uphole potential. After geological and reservoir analyses have been completed, we will provide plans for disposition of this well. We intend to submit a sundry notice on or before December 15, 1992 stating our plans.

**RECEIVED**  
AUG 17 1992

**OIL CON. DIV.]**  
DIST. 3

THIS APPROVAL EXPIRES DEC 15 1992

RECEIVED  
BLM  
92 AUG -7 PM 2:08  
FARMINGTON, N.M.

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

Signed [Signature] (KAS) Title Regulatory Affairs Date 8/4/92

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**  
Date

AUG 10 1992

AREA MANAGER

NMOCU