

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-03017
2. Name of Operator Meridian Oil Inc.	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name Huerfano Unit
4. Location of Well, Footage, Sec, T, R, M. 990'S, 980'E Sec. 36, T-27-N, R-10-W, NMPM	8. Well Name & Number Huerfano Unit #258
	9. API Well No.
	10. Field and Pool Angels Peak Gallup
	11. County and State San Juan County, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA	
Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

Please cancel our request to plugback this wellbore to the Fruitland Coal formation.

RECEIVED
MAR 2 1992
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Regulatory Affairs Date 2-19-92
(RAS)

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-19-92
CONDITION OF APPROVAL, IF ANY:

APPROVED BY _____
DATE _____