

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
OCT 11 1994

2. Name of Operator
MERIDIAN OIL

OIL CON. DIV.
DIST. 3

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

4. Location of Well, Footage, Sec., T, R, M
790'FNL, 1010'FEL, Sec.28, T-27-N, R-10-W, NMPM

5. Lease Number
SF-077941A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
McAdams #500
9. API Well No.
30-045-28932
10. Field and Pool
Basin Frt Coal/
Fulcher Kutz PC
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 Injection
	<input checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to remove the existing tbg string, set a bridge plug above the Pictured Cliffs @ 1885', and install pressure monitoring equipment. The well will be utilized for reservoir characterization tests for six months. At the conclusion of the test, the bridge plug will be removed and the wellbore will be returned to its current configuration.

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

Signed *[Signature]* (KAS2) Title Regulatory Affairs Date 9/30/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED
OCT 03 1994
DISTRICT MANAGER

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