

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

RECEIVED
BLM

Sundry Notices and Reports on Wells **54 FEB 15 AM 11:35**

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
870'FNL, 850'FWL Sec.25, T-27-N, R-9-W, NMPM

5. Lease Number
070 FARMINGTON, NM
1-149-IND-8473
6. If Indian, All. or
Tribe Name
Navajo
7. Unit Agreement Name
Huerfanito Unit
8. Well Name & Number
Huerfanito Unit 82M
9. API Well No.
30-045-28977
10. Field and Pool
Otero Chacra
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 checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to plugback and recompleate this well into the Chacra during 1994. A procedure will be submitted.

RECEIVED
FEB 17 1994

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

Signed *[Signature]* (MP) Title Regulatory Affairs Date 2/14/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

FEB 15 1994
[Signature]
DISTRICT MANAGER