

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

20-045-28977

Sundry Notices and Reports on Wells

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
I-149-IND-8473
6. If Indian, All. or
Tribe Name
Navajo
7. Unit Agreement Name

8. Well Name & Number
Huerfanito U 82M
9. API Well No.

10. Field and Pool
Blanco MV/Basin Dk
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 checked="" 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

A procedure to plugback this well and recompleat in the Chacra will be submitted within 60 days.

RECEIVED
MAY 10 1994

OIL CON. DIV.
DIST. 3

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

Signed [Signature] (MP) Title Regulatory Affairs Date 5/2/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

MAY 60 1994

DISTRICT MANAGER