UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

		7 37 3	
	5.	Lease Number	er
1. Type of Well GAS	6.	If Indian, Tribe Name	All. or
	7.	Unit Agree	ment Name
2. Name of Operator	, .	one o ngece	
MERIDIAN OIL		Huerfano U	nit
	8.		
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	Huerfano Unit #217F API Well No. 30-045-29089 Field and Pool Angels Peak Gallup/	
4. Location of Well, Footage, Sec., T, R, M 1395'FNL, 1460'FEL, Sec.29, T-27-N, R-10-W, NMPM	10		
	11	Basin Dako . County and San Juan C	State
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REP	PORT, OTHE	R DATA	_
Type of Submission Type of Action			
	Change of Plans New Construction Non-Routine Fracturing		
X Subsequent Report Plugging Back No	on-Routine ater Shut		
Final Abandonment — Casing Repair — Wo			
rinar abandonmene	MACEBION	to Injection	
X Other -			
X Other - 13. Describe Proposed or Completed Operations		070 F8 17 3: 04	MUS WARE
Table Troposed or Completed Operations 10-1-94 RU. Ran CBL-CCL-GR @ 0-6331'. Good bond to	surface.		MERITAGES AND TO THE STATE OF T
X_ Other - 13. Describe Proposed or Completed Operations	surface.	10/3/94	RECEIVES
Tother - 13. Describe Proposed or Completed Operations 10-1-94 RU. Ran CBL-CCL-GR @ 0-6331'. Good bond to see the complete of the complete o	surface.		MEGENAL TOURS
X Other - 13. Describe Proposed or Completed Operations 10-1-94 RU. Ran CBL-CCL-GR @ 0-6331'. Good bond to s 14. I hereby certify that the foregoing is true and corresigned that the foregoing is true and corresigned that the foregoing is true and correspond to the second of the	surface. Surface. Date Date		RECEIVES CORD
Tother - 13. Describe Proposed or Completed Operations 10-1-94 RU. Ran CBL-CCL-GR @ 0-6331'. Good bond to see the complete of the complete o	ect. Date ACCE	10/3/94	RECEIVES CORD