

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-047017B
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
4. Location of Well, Footage, Sec, T, R, M. NW/4 Sec. 24, T-28-N, R-11-W, NMPM 485'N, 2310'W	8. Well Name & Number Angel Peak B #44
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	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 application for plugback and recompletion into the Fruitland Coal formation for this well.

RECEIVED
FEB 18 1992
OIL CON. UNIT
DIST. 2

RECEIVED
BLM
FEB 18 1992

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (KAS) Title Regulatory Affairs Date 1-31-92

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FEB 18 1992
CONDITION OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY [Signature]