

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1650'S, 1650'W Sec. 1, T-29-N, R-7-W, NMPM</p>	<p>5. Lease Number SF-078945</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name San Juan 29-7 Unit</p> <p>8. Well Name & Number San Juan 29-7 Unit #85</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State Rio Arriba County, NM</p>
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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 - condition well to useful function	

13. Describe Proposed or Completed Operations

It is intended to turn this well back onto production. This well is completed in the Mesa Verde formation. The well was disconnected to accomodate the drilling and completion of the San Juan 29-7 Unit #581 (Basin Fruitland Coal), which is located on the same pad.

RECEIVED
DEC 4 1991
OIL CON. DIV.
DIST. 3

RECEIVED
OIL CON. DIV.
DEC 27 PM 1:07

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (DW) Title Regulatory Affairs Date 11-26-91

(This space for Federal or State office use)

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

BY [Signature]