

**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. 1715'S, 1785'W Sec. 5, T-29-N, R-4-W, NMPM</p>	<p>5. Lease Number SF-079756A</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name San Juan 29-4 Unit</p> <p>8. Well Name & Number San Juan 29-4 Unit #21</p> <p>9. API Well No.</p> <p>10. Field and Pool E. Blanco PC/Blanco MV</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"/> 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 checked="" type="checkbox"/> Other - condition to a useful function
	<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

It is intended to turn this well back onto production.

This well is a dual completion in the Mesa Verde and Pictured Cliffs. The Mesa Verde is productive. The Pictured Cliffs currently will not produce. Both zones will be plugged and abandoned at a time when the well can not longer produce in commercial quantities.

RECEIVED
NOV 25 1991
OIL CON. DIV
DIST. 3

14. I hereby certify that the foregoing is true and correct:
Signed *Debra D. Bradwell* (DW) Title Regulatory Affairs Date 11-15-91

(This space for Federal or State office use)

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