

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

95 JUN 16 PM 1:54

070 FARMINGTON, NM

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
1160' FSL, 1170' FWL, Sec.24, T-29-N, R-8-W, NMPM

- 5. Lease Number
SF-078416
- 6. If Indian, All. or
Tribe Name
- 7. Unit Agreement Name
- 8. Well Name & Number
Hardie A #6
- 9. API Well No.
30-045-26442
- 10. Field and Pool
Blanco Pictured Cliffs
- 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 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 -	

13. Describe Proposed or Completed Operations

It is intended to re-perforate and restimulate the Pictured Cliffs interval in the subject well. This work is scheduled for 1996 budget year.

THIS APPROVAL EXPIRES JUL 01 1996

RECEIVED
JUN 28 1995
OIL CONTROL
DISTRICT

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

Signed [Signature] (SHL8) Title Regulatory Affairs Date 6/15/95

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JUN 22 1995

NMOCD

DISTRICT MANAGER