

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
MAIL ROOM

Sundry Notices and Reports on Wells

55 NOV 29 PM 2:51

1. Type of Well
GAS

070 FARMINGTON, NM

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
1650' FSL, 1090' FEL, Sec.5, T-29-N, R-11-W, NMPM

5. Lease Number
SF-081085

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Fifield #2

9. API Well No.
30-045-08688

10. Field and Pool
Aztec 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 checked="" 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 - Restimulate	

13. Describe Proposed or Completed Operations

It is intended to restimulate the subject well pending partner approval and weather conditions. It is intended to perform the work during 1996.

RECEIVED
DEC - 5 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] (PMPI) Title Regulatory Administrator Date 11/28/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 30 1995

DISTRICT MANAGER

NMOC