UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundr	y Notices and Reports on Wel	ls
1. Type of Well GAS	DECEIVED N MAY - 4 1994	5. Lease Number SF-080469 6. If Indian, All. or Tribe Name
2. Name of Operator MERIDIAN ©IL	OIL COM. DIV. DIST. 3	7. Unit Agreement Name
3. Address & Phone No. of O	Operator n, NM 87499 (505) 326-9700	8. Well Name & Number Murphy A Com #1 9. API Well No.
4. Location of Well, Footage 1650'FSL, 990'FWL Sec.2	ge, Sec., T, R, M 2, T-29-N, R-11-W, NMPM	10. Field and Pool Pic.Cliffs 11. County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX	TO INDICATE NATURE OF NOTICE	REPORT, OTHER DATA
Type of Submission _x_ Notice of Intent Subsequent Repor Final Abandonmen	Type of Act Abandonment Recompletion Plugging Back Casing Repair	
13. Describe Proposed or	Completed Operations	
existing reservoir, using against existing pipe indicating possible Pic.Cliffs formation sands. We will diligate regulations in the but to evaluate our opt Additionally, a workover rig will be packer. The well wattempt to made to	aut in in its present condition three months pen uphole potential and existing pipeline condition beline pressure and has no pressure at surface casing failure. The most prudent step is to defin, and evaluate uphole potential in the Fruitlan gently pursue the best option to insure compliancest interest for both royalty and working interestions. Subsequent plans will be submitted with the moved on location to isolate the formation from ENG gathering system. A new line will the production of the production of the production of the production of the production. A subsequent sundration of the production of the production of the production. A new line will the production of	ens. It is currently unable to produce e on the tubing, casing or bradenhead, etermine the potential left in the existing the Coal, Fruitland and Farmington ance with all federal and state est owners. This will take three months hin 60 days. From any possible casing leak with a the productivity of the Pictured Cliffs, a ry notice will be filed for this work.
14. I hereby certify that	t the foregoing is true and o	correct.
	(SBD) Title Regulatory Af	<u>ffairs</u> Date 4/22/94
(This space for Federal or APPROVED BY	r State Office use) Title	Date
CONDITION OF APPROVAL, if		rrnuvED