

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
SLM

Sundry Notices and Reports on Wells

55 MAY 19 PM 2:11 SF-078580

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
1100' FNL, 1690' FWL, Sec.9, T-30-N, R-8-W, NMPM

5. Lease Number
NM-88366
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Woodriver Com #300
9. API Well No.
30-045-26874
10. Field and Pool
Basin Fruitland Coal
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 - Recavitate

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull the existing 5 1/2" liner and 2 3/8" tubing. Surge with gas until the formation stabilizes. Rerun the 5 1/2" liner and 2 3/8" tubing. Return the well to production.

RECEIVED
MAY 30 1995
OIL CON. DIV.
DIST. 3

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

Signed [Signature] (JAV6) Title Regulatory Affairs Date 5/18/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED

MAY 22 1995

DISTRICT MANAGER

NMOCD