

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-078772 6. If Indian, All. or Tribe Name 7. Unit Agreement Name Rosa Unit
2. Name of Operator MERIDIAN OIL	8. Well Name & Number Rosa Unit Com 238
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	9. API Well No.
4. Location of Well, Footage, Sec., T, R, M 2045'FSL, 1960'FEL Sec 3, T-31-N, R-6-W, NMPM	10. Field and Pool Basin Ft Coal 11. County and State Rio Arriba 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 planned to fracture stimulation and complete this well during the second quarter of 1994, when weather permits.

RECEIVED
DEC 13 1993
OIL CON. DIV.
DIST. 3

OIL CON. DIV. NM

DEC 13 9 01:30 AM

RECEIVED
BLM
12/13/93

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

Signed *[Signature]* (RH) Title Regulatory Affairs Date 12/3/93

ACCEPTED FOR RECORD

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ DEC 13 1993

CONDITION OF APPROVAL, if any:

FARMINGTON DISTRICT OFFICE

BY *[Signature]*

NMOCD