UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

51	anary Nocice	es and Report				
						Lease Number NM-04240
						NM-04240 If Indian, All. or
1. Type of Well GAS						Tribe Name
					7.	Unit Agreement Nam
2. Name of Operator MERIDIAN OIL					8.	Well Name & Number
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700			Kelly #4 9. API Well No.		-	
4. Location of Well, F 965'FSL, 850'FEL, S			NMPM		10.	Field and Pool Basin Dakota
, , , , , , , , , , , , , , , , , , , ,	,	,				County and State San Juan Co, NM
12. CHECK APPROPRIATE	BOX TO INDIC	CATE NATURE	OF NOTICE,	REPORT, O	THER I	DATA
Type of Submission		T	ype of Act	ion		
$_{ m X}_{ m -}$ Notice of I	ntent _	_X_ Abandonm		Change of New Cons		
Subsequent	Report	Recomple Plugging		New Cons Non-Rout:	ine F	racturing
Subsequenc	1.CPOIC	Casing R	epair	Water Sh	ut of:	£
المسالا المسالا	lonment	Altering	Casing _	Conversion to Injection		
Final Aband 13. Describe Propose	-	Other -	ons			
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It is intended to submitted. 14. I hereby certify Signed (This space for Federal APPROVED BY)	to plug and d by 9-15-95 That the following that all or State	ted Operation abandon the solution that solution the solution the solution the solution that solution the so	subject we	correct.	Dat	
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