

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 990'N, 990'E Sec.28, T-30-N, R-9-W, NMPM</p>	<p>5. Lease Number SF-078128</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Turner #1</p> <p>9. API Well No. 30-045-09226</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State San Juan County, NM</p>																					
<p>12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA</p> <table border="0" style="width:100%"><tr><td style="width:33%">Type of Submission</td><td colspan="2" style="text-align:center">Type of Action</td></tr><tr><td><input type="checkbox"/> Notice of Intent</td><td><input type="checkbox"/> Abandonment</td><td><input type="checkbox"/> Change of Plans</td></tr><tr><td><input type="checkbox"/> Subsequent Report</td><td><input type="checkbox"/> Recompletion</td><td><input type="checkbox"/> New Construction</td></tr><tr><td><input type="checkbox"/> Final Abandonment</td><td><input type="checkbox"/> Plugging Back</td><td><input type="checkbox"/> Non-Routine Fracturing</td></tr><tr><td></td><td><input type="checkbox"/> Casing Repair</td><td><input type="checkbox"/> Water Shut Off</td></tr><tr><td></td><td><input type="checkbox"/> Altering Casing</td><td><input type="checkbox"/> Conversion to Injection</td></tr><tr><td></td><td><input type="checkbox"/> Other</td><td></td></tr></table>		Type of Submission	Type of Action		<input 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 type="checkbox"/> Other	
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<p>13. Describe Proposed or Completed Operations</p> <p>03-01-90 Installed field compressor.</p>																						

RECEIVED
OIL CON. DIV.
DIST. 1

ACCEPTED FOR RECORD
JAN 28 1991
FARMINGTON RESOURCE AREA
BY

14. I hereby certify that the foregoing is true and correct
Signed Regan Stalder Title Regulatory Affairs Date 12-14-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: