

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 PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 990'FNL, 1550'FEL Sec.13, T-30-N, R-11-W, NMPM</p>	<p>5. Lease Number SF-078144</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Lloyd #1</p> <p>9. API Well No. 30-045-</p> <p>10. Field and Pool Aztec Pic.Cliffs</p> <p>11. County and State San Juan Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

11-19-92 MOL&RU. SDFN.

11-20-92 Blow down. ND WH. NU BOP. TOO H w/1" tbg. Set cmt ret @ 2141'. Est inj rate. Cmt plug #1 w/115 sx under ret, sting out of ret, dump 6 sx on top of ret. Spot 19 bbl 9# 50 vis mud 2081-1335'. Perf 2 holes @ 1335'. Set cmt ret @ 1140'. Est inj rate. Cmt plug #3 w/133 sx under ret, sting out of ret, dump 6 sx on top of ret. Spot 23 bbl. 9# 50 vis mud 1076-160'. Perf 2 holes @ 160'. Est circ down csg & out bradenhead. Cmt plug #3 w/80 sx until good cmt circ out bradenhead. SDFN.

11-21-92 ND BOP. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

Approved as to plugging of the well and
liability under bond is retained until
surface restoration is completed.

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

Signed [Signature] Title Regulatory Affairs Date 11/29/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 27 1992

AREA MANAGER

NMOC