UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry No	otices and Reports on Wel	ls
1. Type of Well GAS	RECEIVED APR2 3 1993	5. Lease Number SF-078387 6. If Indian, All. or Tribe Name
2. Name of Operator MERIDIAN OIL	OIL CON. DIV	7. Unit Agreement Name
3. Address & Phone No. of Operation PO Box 4289, Farmington, N	ator	8. Well Name & Number Howell D #2 9. API Well No.
4. Location of Well, Footage, 1650'FSL, 990'FWL Sec.29, T		10. Field and Pool Blanco Mesa Verde 11. County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO	INDICATE NATURE OF NOTICE Type of Ac	
Type of Submission _x_ Notice of Intent	Abandonment	Change of Plans
Subsequent Report	Plugging Back x Casing Repair	New Construction Non-Routine Fracturing Water Shut off
Final Abandonment	Altering Casing Other -	Conversion to Injection
13. Describe Proposed or Comp	pleted Operations	
It is intended to isolate following manner		on this well in the
MOL&RU. TOOH w/tbg. TIH we leak. Return we	w/tbg pkr and isolate lea	ak. Set packer below
A detailed procedure to a date.	repair the leak will be s	submitted at a later
THIS AF	PROVAL EXPIRES SEP 0 1 1993	<u>_</u>
14. I hereby certify that the	e foregoing is true and	correct.
Signed hary Hadhield	(JAS) Title Regulatory A	<u>ffairs</u> Date 4/19/93
(This space for Federal or Sta	Title	A P PARO V E D
CONDITION OF APPROVAL, if any	: NMOCD	APR 20 1993
		A DISTRICT MANAGER