

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 <b>MERIDIAN OIL</b></p> <hr/> <p>3. Address &amp; 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 1720'FNL, 1840'FEL Sec.17, T-30-N, R-9-W, NMPM</p>	<p>5. Lease Number SF-078129</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number Pierce 6</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco PC</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 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 - repair	

13. Describe Proposed or Completed Operations

It is intended to repair this well, and change connection to a lower pressure pipeline.

**RECEIVED**

NOV 22 1993

OIL CON. DIV.

DIST. 2

MAY 16 1994

THIS APPROVAL EXPIRES

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

Signed *[Signature]* (GL) Title Regulatory Affairs Date 11/9/93

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

NOV 18 1993

DISTRICT MANAGER