

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1145'FNL, 825'FEL Sec.26, T-30-N, R-11-W, NMPM

5. Lease Number
SF-080113

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Hartman #2

9. API Well No.
30-045-

10. Field and Pool
Pictured Cliffs

11. County and State
San Juan Co, NM

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 type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" 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 Injectio |
| | <input checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

This well is on line and producing in paying quantities.

RECEIVED
APR - 7 1994

OIL CON. DIV.
DIST. 3

RECEIVED

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

Signed [Signature] (SBD) Title Regulatory Affairs **ACCEPTED FOR RECORD**

(This space for Federal or State Office use)
APPROVED BY _____ Title _____
CONDITION OF APPROVAL, if any:

APR 05 1994

FARMINGTON DISTRICT OFFICE

BY 221

NMOCO