## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| Sundry Notices and Reports on Wel                                                                              | ls/    |                                  |
|----------------------------------------------------------------------------------------------------------------|--------|----------------------------------|
|                                                                                                                | 5.     | Lease Number<br>SF-078138        |
| 1. Type of Well<br>GAS                                                                                         | 6.     |                                  |
|                                                                                                                | 7.     | Unit Agreement Name              |
| 2. Name of Operator MERIDIAN OIL                                                                               |        |                                  |
|                                                                                                                | 8.     | Well Name & Number               |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700                            | 9.     | Morris A #10<br>API Well No.     |
| 4. Location of Well, Footage, Sec., T, R, M                                                                    | 10.    | Field and Pool Basin Ft Coal     |
| 1650'FSL, 1550'FWL Sec.22, T-30-N, R-11-W, NMPM                                                                | 11.    | County and State San Juan Co, NM |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE                                                         |        | PORT, OTHER DATA                 |
| Type of Submission Type of Act x Notice of Intent Abandonment                                                  | Ch     | ange of Plans                    |
| Recompletion                                                                                                   | _ Ne   | w Construction                   |
| Subsequent Report Plugging Back Caging Bonair                                                                  | _ No   | n-Routine Fracturing             |
| Recompletion  Subsequent Report  Casing Repair  Final Abandonment  Altering Casing                             | _      | nversion to Injectio             |
|                                                                                                                | .e     |                                  |
| 13. Describe Proposed or Completed Operations                                                                  |        |                                  |
| <u>-</u>                                                                                                       |        |                                  |
| It is intended to restimulate this wellbore. A procedure will be submitted within                              | 60 day | S.                               |
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| per l'une de la company de |        |                                  |
| MAR <b>1 7</b> 1994                                                                                            |        |                                  |
|                                                                                                                | į.     | EH 3: 1                          |
| OIL CON. DI                                                                                                    | ,      | <b>S</b> =                       |
| DIST. 3                                                                                                        |        |                                  |
|                                                                                                                |        |                                  |
| 14. I hereby certify that the foregoing is true and o                                                          | corre  | ect.                             |
| Signed Mallel (SBD) Title Regulatory At                                                                        | fair   | <u>s</u> Date 3/14/94            |
| (This space for Federal or State Office use) APPROVED BY Title                                                 | نر     | L HHO N E D                      |
| CONDITION OF APPROVAL, if any:                                                                                 |        | MAR 1 3 1954                     |

M. K. Park