## UNITED STATES

## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

|  | 27<br>27                              | ~ · · · · · · · · · · · · · · · · · · · |  |                                     |
|--|---------------------------------------|---|--|-------------------------------------|
| Sundry Not   | ices and Reports on Wel               | ls                                      |  |                                     |
|  | <del></del>                           | <del>) 111 21 00</del>                  | 5.   | Lease Number<br>SF-078439           |
| 1. <b>Type of Well</b><br>GAS                                    |                                       | Francisco () Francis                    | 6.   |                                     |
|  |                                       |   | 7.   | Unit Agreement Name                 |
| 2. Name of Operator  |                                       |   |  |                                     |
| MERIDIAN OIL   |                                       |   | 8.   | Well Name & Number                  |
| 3. Address & Phone No. of Operator                               |                                       |   |  | Johnston Federal #7                 |
| PO Box 4289, Farmington, NM                                      |                                       |   | 9.   | <b>API Well No.</b> 30-045-22370    |
| 4. Location of Well, Footage, Se<br>1840'FNL, 900'FWL, Sec.7, T- |                                       | 10.                                     | Field and Pool<br>Blanco Mesaverde   |                                     |
| , , , , , , ,  |                                       |   | 11.  | County and State<br>San Juan Co, NM |
|  |                                       |   |  |                                     |
| 12. CHECK APPROPRIATE BOX TO IN<br>Type of Submission            | DICATE NATURE OF NOTICE<br>Type of Ac |   | THER   | DATA                                |
| X Notice of Intent   | Abandonment                           | Change of Plans                         |  |                                     |
|  | Recompletion                          | New Cons                                | truct  | tion                                |
| Subsequent Report  | Plugging Back                         | Plugging Back Non-Routine Fracturing    |  |                                     |
|  | casing Repair _                       | Water Sh                                |  |                                     |
| Final Abandonment  | Altering Casing _<br>_X_ Other -      | Conversion to Injection                 |  |                                     |
| 13. Describe Proposed or Comp                                    | leted Operations                      | <del> </del>                            |  |                                     |
| An offset well will be ev<br>Pictured Cliffs re                  | aluated with a producti               |   | for a  | a potential                         |
|  | -                                     | ŗ                                       | and the contract of the contra |                                     |
|  |                                       |   |  |                                     |
|  | nn C                                  | 1 1006                                  |  | echived -                           |
|  | JUL 0                                 | 1 1930                                  | ini  |                                     |
| THIS API   | PROVAL EXPIRES                        | -                                       | $\Pi\Pi$   | JUN 2 6 1995                        |
|  |                                       |   |  |                                     |
| •  |                                       |   | <b>@[]</b>   | L COM. DIV.<br>DIST. 3              |
|  |                                       |   |  | Energy C                            |
| 14/ I hereby certify that the                                    | foregoing is true and                 | correct                                 |  |                                     |
| ( / / - %  | (TJM <b>s</b> )Title Regulato         |   | Da   | te 6/13/95                          |
|  |                                       |   |  |                                     |
| (This space for Federal or Stat<br>APPROVED BY                   | e Office use) Title                   | Dat                                     | :e   |                                     |
| CONDITION OF APPROVAL, if any:                                   |                                       |   | _  |                                     |
| · •  |                                       |   |  |                                     |
|  |                                       | AP                                      |  |                                     |

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DIST\_10 MANAGED