

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
1070'FSL, 980'FEL, Sec.20, T-31-N, R-8-W, NMPM

5. Lease Number
SF-078511A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

8. Well Name & Number
Quinn #9
9. API Well No.
30-045-23711
10. Field and Pool
Undes 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 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 -	

13. Describe Proposed or Completed Operations

Meridian Oil Inc requests a one year shut in for the subject well. The well will not flow due to high line pressures. Compression has been attempted but is not economical due to low flow rates. At that time, the well will be reevaluated.

THIS APPROVAL EXPIRES DEC 01 1995

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

Signed *John Stahl* (JAS6) Title Regulatory Affairs Date 11/16/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date **APPROVED**

CONDITION OF APPROVAL, if any:

NOV 28 1994

DISTRICT MANAGER