

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
1600'FSL, 945'FEL, Sec.19, T-31-N, R-8-W, NMPM

5. Lease Number
SF-078511

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Quinn #4A

9. API Well No.
30-045-24347

10. Field and Pool
Blanco Mesaverde

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

It is intended to workover the subject well. The wellbore will be cleaned out to PBTD. The tubing will be pulled. A retrievable bridge plug will be set above the perforations. CET and D/Sonic logs will be run. The retrievable bridge plug will be pulled. The tubing will be rerun and the well will be returned to production.

RECEIVED
DEC 12 1994
OIL CON. DIV.
DIST. 3

NO. 10-5 11:27

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

Signed *[Signature]* (JAS6) Title Regulatory Affairs Date 12/5/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

DEC 03 1994
WATER MANAGEMENT