

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
930' FSL, 977' FEL, Sec. 21, T-30-N, R-13-W, NMPM

5. Lease Number
SF-078214

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
McCord #9E

9. API Well No.
30-045-26021

10. Field and Pool
Basin Dakota

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 checked="" 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 type="checkbox"/> Other - |

13. Describe Proposed or Completed Operations

Please cancel our intent to plug and abandon the subject well approved 8-17-95.
Also please cancel our intent to perform a water injection/fallout test
approved 1-9-96.

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

Signed *[Signature]* (GVW4) Title Regulatory Administrator Date 3/14/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

MAR 23 1996

DISTRICT MANAGER

NMOCD