

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-078201A 6. If Indian, All. or Tribe Name 7. Unit Agreement Name
2. Name of Operator MERIDIAN OIL	8. Well Name & Number Riddle Com #200 9. API Well No. 30-045-
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	10. Field and Pool Basin Ft Coal 11. County and State San Juan Co, NM
4. Location of Well, Footage, Sec., T, R, M 835'FSL, 1180'FEL Sec.10, T-30-N, R-9-W, NMPM	

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well will be disconnected from the pipeline and all surface production equipment will be removed upon the successful completion of the replacement well, the Riddle Com #202. The Fruitland Coal reservoir pressure will be periodically monitored in the Riddle Com #200.

RECEIVED
MAR 24 1993
OIL CON. DIV./
DIST. 3

RECEIVED
BLM
93 MAR 17 PM 2:41
070 FARMINGTON, NM

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

Signed *[Signature]* (JK) Title Regulatory Affairs Date 3/16/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

APPROVED

MAR 22 1993

DISTRICT MANAGER