

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-078765
2. Name of Operator Meridian Oil Inc.	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name Rosa Unit
4. Location of Well, Footage, Sec, T, R, M. 790'S, 1490'W Sec.9 , T-31-N, R-6-W, NMPM	8. Well Name & Number Rosa Unit #234
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	11. County and State Rio Arriba County, NM
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

08-17-90 Perf 2 squeeze holes @ 240'. Circ hole w/15 BW. Cement w/100
sx Class "B" cmt w/3% calcium chloride. Circ 15 bbl. good
cmt. SI bradenhead. Displace away 3.5 bbl. cmt to 1600#.
Displace w/2.75 BW. Walk up to 1050 after 15 min, ok. PT
prior to drill out 200# - 10 min; 1800# - 30 min.

RECEIVED

FEB 19 1991

OIL CON. DIV./
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Regulatory Affairs Date 10-12-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY:

WOOD

Sim