

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

**RECEIVED
BLM MAIL ROOM**

Sundry Notices and Reports on Wells

95 OCT -4 PM 1:00

1. **Type of Well**
GAS

070 FARMINGTON, NM

5. **Lease Number**
NM-82815
6. **If Indian, All. or
Tribe Name**
7. **Unit Agreement Name**

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**
2355' FNL, 1745' FEL, Sec.13, T-31-N, R-8-W, NMPM

8. **Well Name & Number**
Lewis Park #100
9. **API Well No.**
30-045-27542
10. **Field and Pool**
Basin Fruitland Coal
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 - Recavitate	

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull existing 5 1/2" liner and 2 3/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 3/8" tubing. Return the well to production.

RECEIVED
OCT 10 1995

OIL CON. DIV.
DIST. 3

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

Signed *[Signature]* (JCG6) Title Regulatory Administrator Date 10/2/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date **APPROVED**

CONDITION OF APPROVAL, if any:

OCT 05 1995

DISTRICT MANAGER