

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

95 SEP 26 AM 11:13

070 FARMINGTON, NM

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  
1815' FNL, 895' FEL, Sec. 7, T-31-N, R-8-W, NMPM

5. Lease Number  
SF-078510

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Oxnard #332

9. API Well No.  
30-045-27656

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 7/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 7/8" tubing. Return the well to production.

RECEIVED  
OCT - 4 1995

OIL CON. DIV.  
DIST. 3

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

Signed [Signature] (JCG7) Title Regulatory Administrator Date 9/25/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

**APPROVED**

SEP 27 1995

**DISTRICT MANAGER**

**NMOCD**