

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

95 OCT -4 PM 1:02

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
1955' FNL, 1285' FEL, Sec.8, 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 #333
- 9. API Well No.
30-045-27657
- 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

[Signature]
DISTRICT MANAGER