

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 930'FNL, 790'FEL Sec.34, T-30-N, R-8-W, NMPM</p>	<p>5. Lease Number SF-078385A</p> <p>6. If Indian, All. or Tribe Name</p> <hr/> <p>7. Unit Agreement Name</p> <hr/> <p>8. Well Name & Number Howell L #304</p> <p>9. API Well No. 30-045-28791</p> <p>10. Field and Pool Basin Frt Coal</p> <p>11. County and State San Juan Co, NM</p>
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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 checked="" 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

11-15-92 Spudded well at 1:15 pm. Drilled to 245'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 241'. Cemented with 180 sks. Class "B" with 2% calcium chloride (212 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 min., ok.

11-18-92 TD 2736'. Ran 63 jts. 7", 23.0# K-55 casing, 2723' set @ 2735'. Cemented with 445 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride and 1/4#/sx flocele (788 cu.ft.) followed by 100 sx Class "B" w/2% calcium chloride (118 cu.ft.). circ to surface. WOC 12 hours. Held 1200#/30 min.

REG. DIV.
CON. DIV.
DIST. 3

RECEIVED
BLM
NOV 23 11 20 AM '92
ACCEPTED FOR RECORD

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

Signed [Signature] Title Regulatory Affairs Date 11/20/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NOV 21 1992