

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-078511A
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec., T, R, M 1450'FNL, 810'FWL Sec.17, T-31-N, R-8-W, NMPM	8. Well Name & Number Quinn POW #1
	9. API Well No. 30-045-29003
	10. Field and Pool Basin Ft 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 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 checked="" 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

11-08-93 TD 238'. Spud @ 4:30 p.m. 11-08-93. Drl surface hole. Ran 5 jts 8 5/8", 24.0#, K-55 ST&C csg, 222' set @ 233'. Cmt w/235 sx Class "B" w/3% calcium chloride and 0.25 pps flocele (278 cu.ft.). Circ 15 bbl cmt to surface.

RECEIVED
BLM
NOV -9 11:11:25
OFFICE OF THE DISTRICT MANAGER, NM

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

Signed [Signature] Title Regulatory Affairs Date 11/9/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

NOV 9 1993
FARMINGTON DISTRICT OFFICE
[Signature]