

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</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 990' FNL, 1450' FEL, Sec.23, T-32-N, R-10-W, NMPM 990 B</p>	<p>5. Lease Number SF-078504</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 32-9 Unit</p> <p>8. Well Name & Number San Juan 32-9 U #49</p> <p>9. API Well No. 30-045-11375</p> <p>10. Field and Pool Blanco Mesaverde</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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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**

It is intended to install a packer above the Cliff House perforations of the subject well to evaluate squeezing off the Lewis formation.

RECEIVED
56 AUG -9 PM 4:30
070 FARMINGTON, NM
RECEIVED
SLH

RECEIVED
AUG 15 1996
OIL CON. DIV.
DIST. 3

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

Signed *Debra Spalding* (MEL5) Title Regulatory Administrator Date 8/7/96

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED
AUG 12 1996
NMOCD