

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <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
1450' FSL, 805' FWL, Sec.13, T-32-N, R-8-W, NMPM</p> | <p>5. Lease Number
NM-6892</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Reese Mesa #100</p> <p>9. API Well No.
30-045-27008</p> <p>10. Field and Pool
Basin Fruitland 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 type="checkbox"/> Change of Plans
<input checked="" 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 -	

13. Describe Proposed or Completed Operations

The subject well has been returned to production.

RECEIVED
MAIL ROOM
MAY 28 AM 12:27
070 FARMINGTON, NM

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

Signed *Debra Stanfield* (JCG6) Title Regulatory Administrator Date 5/28/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

MAY 30 1996

FARMINGTON DISTRICT OFFICE

BY *Sum*

MAY 30 1996