

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> <p>2. Name of Operator
MERIDIAN OIL</p> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <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> |
|--|---|

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 *Regina Stachurski* (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