

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

10-15-91 7:30
11/11

1. Type of Well GAS 2. Name of Operator Meridian Oil Inc. 3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec, T, R, M. 950'S, 1780'E Sec. 16, T-25-N, R-4-W, NMPM	5. Lease Number Jic. Contract 65 6. If Indian, All. or Tribe Name Jic. Apache 7. Unit Agreement Name 8. Well Name & Number Jicarilla C #12 9. API Well No. 10. Field and Pool S. Blanco Pictured Cliff 11. County and State Rio Arriba County, NM
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

☐ Notice of Intent ☒ Subsequent Report ☐ Final Abandonment	☒ Abandonment ☐ Recompletion ☐ Plugging Back ☐ Casing Repair ☐ Altering Casing ☐ Other	☐ Change of Plans ☐ New Construction ☐ Non-Routine Fracturing ☐ Water Shut Off ☐ Conversion to Injection
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13. Describe Proposed or Completed Operations

10-15-91 MOL&RU. Blew well down. Unseat pkr. ND WH. NU BOP. TOO H w/108 jts 1 1/4" tbg & pkr. TIH, tag btm @ 3600'. Pump 7 BW down tbg. Cemented plug #1 w/30 sx Class "B" neat cmt 2597-3600'. Pull up. Reverse circ clean. SDFN.

10-17-91 Reverse hole clean. Pump 36 sx Class "B" neat cmt w/2% calcium chloride @ 2857-1550'. Pull up to 1570'. Reverse circ clean. WOC. TOC @ 1733'. Pull to 1500'. Perf 2 squeeze holes. TIH to 1733'. Cmt w/47 sx Class "B" cmt 1733-1300'. Pump 35 sx outside csg from 1500-1300'. Left 12 sx cmt in 2 7/8" csg. Displace w/2 BW. TOO H. SDFN.

10-18-91 TIH, tag TOC @ 950'. Load hole w/wtr. Cmt plug #4 950-176' w/22 sx Class "B" cmt. TOO H to 180'. Reverse circ hole clean. TIH, perf 2 squeeze holes @ 176'. Pump plug #5 176-surface w/50 sx cmt. Circ good cmt to surface. Cut off WH. Install dry hole marker w/5 sx cmt. Released rig.

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

Signed Regan D. Duffield Title Regulatory Affairs Date 10-18-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITION OF APPROVAL, IF ANY:

