

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Sundry Notices and Reports on Wells

- | | |
|---|--|
| <p>1. Type of Well
GAS</p> <hr/> <p>2. Name of Operator
Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M.
1075'N, 1685'W Sec.5 , T-25-N, R-4-W, NMPM</p> | <p>5. Lease Number
Jic. Cont 123</p> <p>6. If Indian, All. or
Tribe Name
Jic. Apache</p> <p>7. Unit Agreement Name</p> <hr/> <p>8. Well Name & Number
Jicarilla 123 C #29</p> <p>9. API Well No.</p> <hr/> <p>10. Field and Pool
W. Lindrith Gallup Dakota</p> <p>11. County and State
Rio Arriba County, 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 checked="" type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other | |

13. Describe Proposed or Completed Operations

09-10-87 MOL&RU. NU BOP. Tag cmt retainer & stung into @ 7720'. Pumped 83 cu.ft. Class "B" neat cmt into retainer. Stung out of retainer and WOC. Tag cmt top @ 7665'. Spot an additional 30' of cmt to bring TOC to 7635'. Circ tbq clean. Land tbq @ 7588'. ND BOP. NU WH. Released rig.

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AUG 08 1991

OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct ...
Signed Reggie Shadfield Title Regulatory Affairs Date 7-25-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: _____

AMOCO