

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
790' FSL, 790' FEL, Sec.19, T-26-N, R-4-W, NMPM

5. Lease Number
Jic Contract 103
6. If Indian, All. or
Tribe Name
Jicarilla Apache
7. Unit Agreement Name

8. Well Name & Number
Jicarilla 103 #8
9. API Well No.
30-039-20268
10. Field and Pool
Blanco MV/Basin DK/
Tapacito Gallup
11. County and State
Rio Arriba Co, NM

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 checked="" type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to recomplete the subject well by adding the Mesaverde formation to the existing Gallup and Dakota formations according to the following procedure:

TOOH with Gallup/Dakota tubing. Set a retrievable bridge plug above the Gallup formation. Perforate and fracture treat the Point Lookout interval. Set a retrievable bridge plug above the Point Lookout. Perforate and fracture treat the Cliff House and Menefee intervals. Clean out all intervals and test potential Run tubing. Return the well to production as a Mesaverde/Gallup/Dakota commingle. A down-hole commingling order will be applied for.

Please disregard the previous sundry approved 2-23-96.

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

Signed [Signature] (LLL9) Title Regulatory Administrator Date 3/4/96

(This space for Federal or State Office use) Chief Lands and Mineral Resources

APPROVED BY Robert Kent Title _____ Date MAR 14 1996
CONDITION OF APPROVAL, if any:

Hand C-104 for M/L For DHC order + well no clog to 8m

(3)