

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED  
BLM MAIL ROOM  
95 JAN 30 PM 4:08

1. Type of Well  
GAS

RECEIVED  
FEB - 5 1996

2. Name of Operator

MERIDIAN OIL

OW CON. DIV.

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1480' FNL, 790' FWL, Sec.4, T-25-N, R-8-W, NMPM

5. Lease Number  
NM-04226

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
McManus #2R

9. API Well No.  
30-045-

10. Field and Pool  
Ballard Pictured Cliffs

11. County and State  
San Juan 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 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to alter the approved surface casing depth and cement of the subject well. The new surface casing depth will be a minimum of 120'.

Revisions:

Mud Program:

<u>Interval</u>	<u>Type</u>	<u>Weight</u>	<u>Fluid Loss</u>
0-120'	Spud	8.4-8.9	No control

Casing Program:

<u>Hole Size</u>	<u>Depth Interval</u>	<u>Casing Size</u>	<u>Weight</u>	<u>Grade</u>
12 1/4"	0-120'	8 5/8"	24#	K-55

Cementing Program:

8 5/8" surface casing - 126 sx Class "B" cement with 0.25 pps Flocele and 2% calcium chloride (148.6 cu.ft. of slurry, 200% excess to circulate to surface). WOC 12 hours. Test casing to 600 psi/30 minutes.

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

Signed [Signature] (KAS1) Title Regulatory Administrator Date 1/29/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

APPROVED

FEB 01 1996

DISTRICT MANAGER

NMOCD