

submitted in lieu of Form 3160-5

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
990' FNL, 1650' FEL, Sec. 22, T-27-N, R-3-W, NMPM

5. Lease Number
Jic Contract 94

6. If Indian, All. or
Tribe Name
Jicarilla Apache

7. Unit Agreement Name

8. Well Name & Number
Jicarilla 94 #1

9. API Well No.
30-039-07016

10. Field and Pool
Gavilan Pictured Cliffs/
Blanco Mesaverde

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

☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other - Pay add & commingle	

13. Describe Proposed or Completed Operations

5-27-95 MIRU. ND WH. NU BOP. TOO H w/129 jts 2 3/8" tbg. Attempt to sting out of Model "D" pkr.

5-28-95 RU, ran free point. Seal assembly stuck in Model "D" pkr @ 5694'. Chemical cut 20' above Model "D" pkr @ 5674'. RD. TOO H w/178 jts 2 3/8" tbg. TIH w/fishing tools. TOO H w/seal assembly & 18 jts 2 3/8" tbg. TIH w/pkr picker to 5700'. Cut over Model "D" pkr. TOO H w/pkr.

5-29-95 RU, ran gauge ring to 4050', set RBP @ 3870'. Dump 2 sx sd on RBP. Load csg w/183 bbl Kcl wtr. TIH to 3850'. Roll hole w/wtr. TOO H. RU, ran CET-CCL-GR @ 340-3861', TOC @ 3530'. RD. TIH w/7 5/8" FB pkr, set @ 3656'. PT csg, tbg & RBP to 2200 psi, OK. TIH to 3850'. Spot 500 gal DAD acid. TOO H. Ru, perf upper Pictured Cliffs w/2 SPF @ 3756-3780, 3792-3824, 3836-3850' 140 total. RD. TIH, set pkr @ 3656'.

5-30-95 Pump 1000 gal DAD acid. Frac upper Pictured Cliffs w/120,000# 20/40 Brady sd, 30# linear gel, 510,000 SCF N2. CO after frac. Release pkr. TOO H.

5-31-95 TIH, blow well & CO.

Continued on back

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

Signed [Signature] Title Regulatory Affairs Date 6/2/95

(This space for Federal or State Office use)
APPROVED BY [Signature] Title Chief, Lands and Mineral Resources Date JUN 15 1995

CONDITION OF APPROVAL, if any:

6-1-95 Blow well & CO. TOOH. TIH w/retrieving head. CO. TOOH. RU, ran after frac log. Blow well & CO.

6-2-95 Blow well & CO. TOOH. TIH w/199 jts 2 3/8" 4.7# J-55 tbq, landed @ 6205'. ND BOP. NU WH. RD. Rig released.

CMD :
OG6WCMP

ONGARD
C104-AUTHORIZATION TO TRANSPORT

07/13/95 08:03:38
OGODJ -EME5

OGRID Idn : 14538 API Well No : 30 ~~39~~ 7016 Pool Code : 72319
Operator Name : MERIDIAN OIL INC
Prop Name : ~~STICARILLA~~ 94 Well No : 001
B.H. Location: UL : B Sec : 22 Twp : 27N Range : 03W Lot Idn :
Prod Method (F/P) : F C104 Aprvl Dte : Gas Conn Dte :
NFO Permit No : NFO Eff Dte : NFO Exp Date :
Remove POD from WC: N Remove Transporter from POD : N
Sel:

Transporter Idn : 14538 Name : MERIDIAN OIL INC
Point of Disp : ~~1305810~~ Transporter type (G/O/W): O Eff Dte : 01/01/1940
Transporter Idn : 25244 Name : WILLIAMS FIELD SERVICES CO.
Point of Disp : ~~1305830~~ Transporter type (G/O/W): G Eff Dte : 01/01/1940
Transporter Idn : Name :
Point of Disp : ~~1305850~~ Transporter type (G/O/W): Eff Dte :
Production Test : First Oil Prod Dte : 01-01-1900 Gas Dlv Date: 01-01-1900
Test Date : Tubing Pressure : Choke Size :
Oil(BOPD) : Gas(MCFD) : Water(BPD) :
AOF(MCFD) :

E0005: Enter data to modify or PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07	PF08	PF09 PRINT	PF10	PF11	PF12 NEX

*Since they changed, I gave 1 set of
pod's + deleted the other zone*

5 NMOC 1 File 4 BLM

RECEIVED
JUL - 3 1995
DIST. 3

Form C-136
Original 12/23/91

State of New Mexico
Bureau of Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Submit original and 4 copies to the
appropriate district office.

APPLICATION FOR APPROVAL TO USE AN ALTERNATE GAS MEASUREMENT METHOD

Operator Name: Dugan Production Corp.
Operator No. _____
Operator Address: P.O. Box 420, Farmington, NM 87499
Lease Name: _____
Type: State _____ Federal ☒ Fee NM 10755
Location: Unit F, Sec. 20, T. 24N, R. 9W San Juan County, NM
Pool: _____
Requested Effective Time Period: Beginning _____ upon approval (approx. 8-1-95) Ending _____ indefinite

APPROVAL PROCEDURE: RULE 403.B.(1)
Please attach a separate sheet with the following information.
1) A list of the wells (including well name, number, ULSTR location, and API No.) included in this application.
2) A one year production history of each well included in this application (showing the annual and daily volumes).
3) The established or agreed-upon daily producing rate for each well and the effective time period.
4) Designate wells to be equipped with a flow device (required for wells capable of producing 5 MCF per day or more).
5) The gas transporter(s) connected to each well.

APPROVAL PROCEDURE: RULE 403.B.(2)
Please attach a separate sheet with the following information.
A separate application is required for each Central Point Delivery (CPD).
Working interest, royalty and overriding royalty ownership must be common for all wells to be connected to the subject CPD.
1) An ownership plat showing a description of the lease and all of the wells to be produced through this CPD.
a) List the wells which will be metered separately, including API No.
b) List the wells which will not be metered separately, including API No.
2) Describe the proposed method of allocating production from non-metered wells.
3) A one year production history of the wells which will not be metered showing the annual and daily volumes.
4) The gas transporter(s) connected to this CPD.

Applicant will be responsible for filling OCD Form C-111 for the CPD.

OPERATOR
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: _____
Printed Name & Title: Jim L. Jacobs, V.P.

OIL CONSERVATION DIVISION
This approval may be cancelled at anytime that operating conditions indicate that re-tests may be necessary to prevent waste and protect correlative rights.
Approved Unit: _____
By: ORIGINAL SIGNED BY ERNIE BUSCH
Title: DEPUTY OIL & GAS INSPECTOR, DIST. #3