

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

93 FEB 20 AM 8:18

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
1090' FNL, 990' FEL, Sec. 7, T-27-N, R-5-W, NMPM

5. Lease Number
SF-079391

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
San Juan 27-5 Unit
San Juan 27-5 U #69

9. API Well No.
30-039-07139

10. Field and Pool
Blanco MV/Basin DK

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 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 type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - Pay add	

13. Describe Proposed or Completed Operations

It is intended to add pay to the Dakota formation of the subject well in the following manner:

Trip out of hole with Dakota production packer and tubing. Trip out of hole with Mesaverde tubing. Selectively reperforate the Dakota interval. Fracture stimulate the Dakota with sand and gelled water. Clean out to plug back total depth after fracture treatment. Rerun Dakota production packer and tubing. Rerun Mesaverde tubing. Return the well to production.

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

Signed [Signature] Title Regulatory Administrator Date 2/20/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED

FEB 23 1996

DISTRICT MANAGER

NMOCOD