

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED
BLM

Sundry Notices and Reports on Wells

MAR 17 11:26

1. Type of Well
GAS

5. Lease Number
SF-079391 - NM
6. If Indian, All. or
Tribe Name

2. Name of Operator
MERIDIAN OIL

7. Unit Agreement Name

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

8. Well Name & Number
San Juan 27-5 U 2
9. API Well No.
30-039-07141

4. Location of Well, Footage, Sec., T, R, M
900' FNL, 1150' FEL Sec. 9, T-27-N, R-5-W, NMPM

10. Field and Pool
Blanco Mesa Verde
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 Injectio
	<input checked="" type="checkbox"/> Other - sidetrack workover	

13. Describe Proposed or Completed Operations

It is intended to workover the subject well in the following manner:

TOOH w/tbg. If tbg is stuck, cut off tbg approximately 100' below csg shoe. Set cmt ret near bottom of 7" csg. TIH w/2 3/8" tbg, CO. Sting into ret. Test tbg to 2500 psi. Sting all the way through ret, load backside w/wtr. PT 500 psi. Squeeze open hole w/cmt. Pull out of ret. Spot cmt on top of ret. Pull up one joint, reverse excess cmt out. Run CBL. Perf squeeze holes above TOC. Squeeze cmt to 50' above Ojo Alamo. Drl to 10' below 7" csg shoe. Sidetrack using a downhole motor. Drill to approximately 6000'. Run a full string of 4 1/2" csg and cmt. Selectively perf and frac the Mesa Verde formation and return well to production.

RECEIVED
MAR 28 1994

DUE CONL. FINE
1994

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

Signed [Signature] (KAS) Title Regulatory Affairs Date 3/15/94

(This space for Federal or State Office use)

APPROVED BY _____ Title APPROVED

CONDITION OF APPROVAL, if any:

NMOCD

MAR 17 1994
[Signature]
DISTRICT MANAGER