

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
JUL 23 1990

2. Name of Operator *Meridian*
El Paso Natural Gas Company

OIL CON. DIV.
DIST. 2

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

4. Location of Well, Footage, Sec, T, R, M.
1750'N, 850'W Sec. 25, T-27-N, R-5-W, NMPM

5. Lease Number
SF-079493

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
San Juan 27-5 Unit

8. Well Name & Number
San Juan 27-5 Unit #184

9. API Well No.

10. Field and Pool
Basin Fruitland Coal

11. County and State
Rio Arriba County, 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

13. Describe Proposed or Completed Operations

A casing repair will be attempted in this well before the recompletion procedure can be continued. The repair will be attempted in the following manner:

Run a free point log to determine where the csg is free. If the csg is stuck above the failure at 2076', then a P&A procedure will be provided.

Place a 50' cmt plug on top of the CIBP @ 3418' to isolate the PC. Place a 50' cmt palug above the top of the coal and 50' below the top of the coal. Then place a cmt plug extending from 50' below the btm of the Ojo to 50' above top of Ojo. All cmt will be retarded to allow easy cleanout if the repair is successful.

Back off csg below failure @ 2076'. RIH w/replacement csg and screw back into csg. Circ out retarded cmt and procede w/original recompletion procedure.

Verbal approval for this work received from John Keller @ 1:45 pm 7-17-90

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

Signed *John Keller* Title Regulatory Affairs Date 7-17-90

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

NMOOD

JUL 18 1990
John Keller
AREA MANAGER