UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

1. TYPE OF WELL
   GAS
	5. LEASE NUMBER
	   SF-079392
	6. IF INDIAN, ALL. OR TRIBE NAME

2. OPERATOR *Meridian*
   ~~EL PASO NATURAL GAS~~ CO.
	7. UNIT AGREEMENT NAME
	   SAN JUAN 27-5 UNIT

3. ADDRESS & PHONE NO. OF OPERATOR
   P O BOX 4289
   FARMINGTON, NM 87499
	8. FARM OR LEASE NAME
	   SAN JUAN 27-5 UNIT
	9. WELL NO.
	   319

4. LOCATION OF WELL
   1190'FNL 1660'FEL
	10. FIELD, POOL, OR WILDCAT
	   BASIN FRUITLAND COAL
	11. SEC. T. R. M OR BLK.
	   SEC. 29 T27N R05W NMPM

14. PERMIT NO. 30-034-25024	15. ELEVATIONS 6484'GL	12. COUNTY RIO ARRIBA	13. STATE NM

16. SUBSEQUENT REPORT OF: SPUD

17. Describe proposed or completed operations

SPUD DATE: 120190   SPUD TIME: 1600

TD 222'. Ran 5 jts of 8 5/8" 24.0# K-55 casing, 207' set @ 220'. Cemented with 210 sacks of Class B cement with 3% calcium chloride and 1/4# Flocele/sack (248 cu ft.). Circulated 14 bbls to surface. WOC 12 hours. Pressure tested to 600 psi for 30 minutes. Held OK.

DATE: 120690

TD 3256'. Ran 75 jts of 5 1/2" 15.5# K-55 casing, 3243' set @ 3256'. Set stage tool @ 2714', marker joint @ 2933', insert baffle @ 3165', auto-fill float collar @ 3210', and auto-fill guide shoe @ 3256'. First stage cement with 75 sacks of Class B 65/35 Poz, 2% calcium chloride, 6% gel, 5# gilsonite/sack, and 1/4# Flocele/sack, (133 cu ft.). Tail with 100 sacks of Class B cement with 2% calcium chloride, (118 cu ft.). Circulated 30 bbls to surface. Second stage cement wtih 500 sacks of Class B 65/35 Poz, 6% gel, 2% calcium chloride, 5# gilsonite/sack, and 1/4# Flocele/sack, (885 cu ft.). Tail wtih 60 sacks of Class B cement with 2% calcium chloride, (71 cu ft.). Circulated 60 bbls to surface.

18. AUTHORIZED BY: _____   12-20-90
                REGULATORY AFFAIRS   DATE

NOTE: THIS FORMAT IS ISSUED IN LIEU OF US BLM FORM 3160 ACCEPTED FOR RECORD
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(This space for Federal or State office use)   JAN 17 1991

APPROVED BY _____ TITLE _____ FARM DATE _____ AREA
CONDITION OF APPROVAL, IF ANY: BY _____