

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OCT 31 1994

Sundry Notices and Reports on Wells: PM 2:45

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
955'FNL, 1810'FEL, Sec.4, T-27-N, R-6-W, NMPM

5. Lease Number
SF-079051

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
San Juan 28-6 U #468

9. API Well No.
30-039-25455

10. Field and Pool
Basin Fruitland Coal

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

10-30-94 Drill to TD @ 3240'. Log well.
10-31-94 Ran 73 jts 4 1/2" 10.5# K-55 STC csg, set @ 3240'. Cmdt first stage w/43 sx Class "B" 65/35 poz w/2% calcium chloride, 0.25 pps Flocele, 5 pps Gilsonite (76 cu.ft.). Tailed w/100 sx Class "B" neat w/2% calcium chloride (118 cu.ft.). WOC. Stage tool @ 2705'. Circ 10 bbl cmt to surface. Cmdt second stage w/602 sx Class "B" 65/35 poz w.2% calcium chloride, 0.25 pps Flocele (1065 cu.ft.). Tailed w/25 sx Class "B" neat w/2% calcium chloride (30 cu.ft.). Circ 30 bbl cmt to surface. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

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OIL CON. DIV.
BIRM 8

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

Signed *Regina S. [Signature]* Title Regulatory Affairs Date 11/1/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

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FARMINGTON DISTRICT OFFICE
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