

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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
795' FSL, 1135' FWL, Sec. 5, T-27-N, R-5-W, NMPM

5. Lease Number
SF-079393

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 27-5 Unit
8. Well Name & Number
San Juan 27-5 U #330

9. API Well No.
30-039-25522

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 type="checkbox"/> Change of Plans
<input checked="" 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 - Spud	

13. Describe Proposed or Completed Operations

8-2-95 MIRU. Spud well @ 2:00 p.m. 8-2-95. Drill to 251'. TOOH. TIH w/5 jts 9 5/8" 36# K-55 LTC csg, set @ 246'. Cmdt w/210 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Flocele (248 cu.ft.). Circ 9 bbl cmt to surface. WOC. PT csg to 600 psi/30 min, OK. Drilling ahead.

RECEIVED
AUG - 9 1995
OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 8/3/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

AUG 07 1995

FARMINGTON DISTRICT OFFICE

WMOO