

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

96 JUN 20 PM 2:12

070 FARMINGTON, NM

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
1650' FNL, 1650' FEL, Sec.17, T-26-N, R-8-W, NMPM

- 5. Lease Number
SF-078384
- 6. If Indian, All. or Tribe Name
- 7. Unit Agreement Name
- 8. Well Name & Number
Newsom B #5
- 9. API Well No.
30-045-05856
- 10. Field and Pool
Ballard Pictured Cliffs
- 11. County and State
San Juan 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 - Tubing repair	

13. Describe Proposed or Completed Operations

- 6-12-96 MIRU. SDON.
- 6-13-96 Pump 10 bbl 1% Kcl wtr. TOOH w/96 jts 1" tbg. ND WH. NU BOP. TIH, tag fill @ 2171'. Blow well & CO. TOOH. SDON.
- 6-14-96 TIH. Blow well & CO. TOOH. TIH w/96 jts 1" tbg, landed @ 2173'. ND BOP. NU WH. RD. Rig released.

Handwritten notes and stamps, including "2173'".

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

Signed [Signature] Title Regulatory Administrator Date 6/17/96

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 21 1996

FARMINGTON DISTRICT OFFICE

BY [Signature]

U/MOCD