

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

1100' FNL, 1485' FEL, Sec.23, T-26-N, R-9-W, NMPM

5. Lease Number

SF-078103

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

Huerfano Unit

8. Well Name & Number

Huerfano Unit #523

9. API Well No.

30-045-

10. Field and Pool

Basin Fruitland Coal

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to alter the approved surface casing depth and cement of the subject well. The new surface casing depth will be a minimum of 120'.

Revisions:

Mud Program:

<u>Interval</u>	<u>Type</u>	<u>Weight</u>	<u>Fluid Loss</u>
0-120'	Spud	8.4-8.9	No control

Casing Program:

<u>Hole Size</u>	<u>Depth Interval</u>	<u>Casing Size</u>	<u>Weight</u>	<u>Grade</u>
12 1/4"	0-120'	8 5/8"	24#	K-55

Cementing Program:

8 5/8" surface casing - 126 sx Class "B" cement with 0.25 pps Flocele and 2% calcium chloride (148.6 cu.ft. of slurry, 200% excess to circulate to surface). WOC 12 hours. Test casing to 600 psi/30 minutes.

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

Signed [Signature] Title Regulatory Administrator Date 1/29/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

FEB 01 1996

DISTRICT MANAGER

UNMOCD