

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## Sundry Notices and Reports on Wells

<p>1. <b>Type of Well</b> GAS</p> <hr/> <p>2. <b>Name of Operator</b> <b>MERIDIAN OIL</b></p> <hr/> <p>3. <b>Address &amp; Phone No. of Operator</b> PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. <b>Location of Well, Footage, Sec., T, R, M</b> 990' FNL, 1650' FEL, Sec.36, T-28-N, R-6-W, NMPM</p>	<p>5. <b>Lease Number</b> SF-079419</p> <p>6. <b>If Indian, All. or Tribe Name</b></p> <p>7. <b>Unit Agreement Name</b>  San Juan 28-6 Unit</p> <p>8. <b>Well Name &amp; Number</b> San Juan 28-6 U #94</p> <p>9. <b>API Well No.</b> 30-039-07267</p> <p>10. <b>Field and Pool</b> Blanco MV/Basin DK</p> <p>11. <b>County and State</b> Rio Arriba Co, NM</p>
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## 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 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 type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - Dakota pay add	

## 13. Describe Proposed or Completed Operations

It is intended to add pay to the Dakota formation of the subject well in the following manner:

MIRU. ND WH. NU BOP and test. TOOH with Dakota production packer and tubing. TOOH with Mesaverde tubing. Selectively reperforate the Dakota interval. TIH with packer and frac string. Fracture stimulate the Dakota with sand and gelled water. Clean out to plug back total depth after frac. Rerun Dakota production packer and tubing. Rerun Mesaverde tubing. Return well to production.

RECEIVED  
MAR 20 1996

OIL CON. LASE  
BOL 3

RECEIVED  
MAR 20 1996  
PM 2:13

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

Signed *Shirley S. Shadfield* (SHL8) Title Regulatory Administrator Date 3/18/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

Date

**APPROVED**

CONDITION OF APPROVAL, if any:

MAR 21 1996

*Shirley S. Shadfield*  
for DISTRICT MANAGER