

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

070 FARMINGTON, NM

1. Type of Well

GAS

Lease Number

SF-079250

6. If Indian, All. or  
Tribe Name

2. Name of Operator

MERIDIAN OIL

7. Unit Agreement Name

San Juan 28-5 Unit

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number

San Juan 28-5 U 28

9. API Well No.

4. Location of Well, Footage, Sec., T, R, M

1650'FNL, 800'FEL Sec.17, T-28-N, R-5-W, NMPM

10. Field and Pool

Blanco Mesa Verde

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

☒ Notice of Intent

☐ Abandonment

☐ Change of Plans

☐ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injectio

☒ Other - add bypassed pay

13. Describe Proposed or Completed Operations

Revised

It is intended to perforate and fracture stimulate the following intervals of the Mesa Verde group. These zones were bypassed during the original completion of the well and are all located below the Huerfano Bentonite @ 4069'. The tubing will be pulled from the well. A bridge plug will be set @ 5597' above the Pt. Lookout. Selected intervals from 5361-5574' will be perforated and fracture stimulated. A bridge plug will be set @ 5350'. Selected intervals from 5266-5338' will be perforated and fracture stimulated. A bridge plug will be set @ 5170'. Selected intervals from 4442-5108' will be perforated and fracture stimulated. The bridge plugs will be retrieved from the well, the tubing will be run back in the well, and the well will be restored to production.

RECEIVED

JAN 26 1994

OIL CON. DIV.

DIST. 2

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

Signed [Signature] (KS) Title Regulatory Affairs Date 1/24/94

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

APPROVED

Date 1/24/94

DISTRICT MANAGER

NMOCD

submitted in lieu of Form 3160-5

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BUREAU OF LAND MANAGEMENT

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94 JAN 19 AM 8:14

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RECEIVED  
JAN 26 1994  
OIL CON. DIV.  
DIST. 3

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

Signed [Signature] Title Regulatory Affairs Date 1/14/94

APPROVED

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

CONDITION OF APPROVAL, if any:

JAN 20 1994

DISTRICT MANAGER

NMOCD