

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BUREAU OF LAND MANAGEMENT
JAN 15 1996

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
1820' FSL, 985' FWL, Sec. 24, T-28-N, R-5-W, NMPM

5. Lease Number
SF-C79250 079520
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 28-5 Unit
8. Well Name & Number
San Juan 28-5 U #92
9. API Well No.
30-039-20634
10. Field and Pool
Basin Dakota
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 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 - 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. Test BOP. TOOH with tubing. Pressure test casing to 1000 psi. Drill out below existing casing to just above base of Dakota. Selectively perforate casing above casing shoe. TIH with packer and frac string. Fracture stimulate Dakota (including open hole section) with sand and gelled water. Clean out to total depth after frac. Rerun tubing and return well to production.

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

Signed [Signature] (SHL8) Title Regulatory Administrator Date 1/10/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date

APPROVED

JAN 17 1996

DISTRICT MANAGER

WMOCD