

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
APR 03 1990

2. Name of Operator
Meridian Oil Inc.

OIL CON. DIV.
DIST. 3

3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec, T, R, M.
1500'S, 1020'W Sec. 4, T-27-N, R-9 W, NMPM

5. Lease Number
SF-078050

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Turner Hughes #8

9. API Well No.
30-045-06818

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 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 type="checkbox"/> Other | |

13. Describe Proposed or Completed Operations

02-27-90 MOL&RU. ND WH. NU BOP. TOOH LD 79 jts 2 3/8" tbg. ND BOP. Cut off WH & replace w/Larkin slip type head 2000#. NU BOP. TIH w/Schlumberger AD-1 packer & 72 jts 2 7/8", 6.5#, J-55 EUE tbg set @ 2205'. ND BOP. NU WH. SDFN.

02-28-90 Bled well down. Made swab, tag fluid @ 2000'. Pull from 2100', approximately 100' of fluid. Ran 74 jts 1 1/4", 2.33#, J-55 10rd tbg landed @ 2388'. SN @ 2354'. Blow w/gas down 2 7/8" csg & up 1 1/4" tbg to pit. Released rig.

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

Signed [Signature] Title Regulatory Affairs Date 3-21-90
Accepted For Record

MAR 31 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITION OF APPROVAL, IF ANY:

Chief, Bureau of Land Management
Mineral Resources Division



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