

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See reverse for
instructions on
reverse side)

FOR APPROVED
OMB NO. 1004-0137
EXPIRES December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL OIL WELL ☐ GAS WELL ☒ DEW ☐ Other ☐		2. TYPE OF COMPLETION NEW WELL ☐ REPAIR ☐ REPERFORATE ☐ PLUG BACK ☐ DIFF. PERFOR. ☒ Other ☐		3. NAME OF OPERATOR Meridian Oil Inc.		4. ADDRESS AND TELEPHONE NO. PO Box 4289 Farmington, NM 87499 (505) 326-9700		5. LEASE DESIGNATION AND SERIAL # SE-080724A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME, WELL Zachry #54		9. API WELL NO. 30-045-25596		10. FIELD AND FOM, OR WILDCAT Armenta Gallup Blanco Mesaverde	
11. SEC., T., R., M., OR BLOCK AND SURV OR AREA Sec. 12, T-28-N, R-10-W		12. COUNTY OR PARISH San Juan		13. STATE NM		14. PERMIT NO. NSL-3493		DATE ISSUED	
15. DATE SPUDDED 4-11-83		16. DATE T.D. REACHED 4-29-83		17. DATE COMPL. (Ready to prod.) 5-5-95		18. ELEVATIONS (DF, RKB, ST, GR, ETC.) 5812 GR		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 6175		21. PLUG BACK T.D., MD & TVD 6107		22. IF MULTIPLE COMPL., CHIN. MARKS		23. INTERVALS DRILLED BY 0=6175		ROTARY TOOLS CABLE TOOLS	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 3880-4610 Mesaverde		25. WAS DIRECTION SUSSET NAME		26. TYPE ELECTRIC AND OTHER LOGS RUN CBL		27. WAS WELL CURED No		28. CARING RECORD (Note all strings set in well)	
29. CARING SIZE/GRADE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		TOP OF CEMENT, CEMENTING RECORD	
9 5/8		36#		315		13 3/4		318 cu.ft.	
7		23#		5470		8 3/4		2755 cu.ft.	
30. LINER RECORD		31. TUBING RECORD		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
SIZE		TOP (MD)		BOTTOM (MD)		BACKS CEMENT*		SCREEN (MD)	
4 1/2		5255		6164		214 cu.ft.		2 3/8	
DATE FIRST PRODUCTION 5-5-95		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing		WELL STATUS (Producing or shut-in) SI		DATE OF TEST 5-5-95		HOURS TESTED	
CROCK SIZE		PROD. FOR TEST PERIOD		OIL—GAL.		GAS—MCF.		WATER—GAL.	
615 Pitot Gauge		OIL—GAL.		GAS—MCF.		WATER—GAL.		OIL GRAVITY-API (CON)	
SI 750		SI 1031		CALCULATED 24-HOUR RATE		OIL—GAL.		GAS—MCF.	
WATER—GAL.		OIL GRAVITY-API (CON)		TEST WITNESSED BY		ACCEPTED FOR RECORD		MAY 19 1995	
35. LIST OF ATTACHMENTS None		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.		SIGNED <i>[Signature]</i>		TITLE Regulatory Affairs		DATE 5-12-95	
BY <i>[Signature]</i>		FARMINGTON DISTRICT OFFICE		DATE 5-12-95		DATE 5-12-95		DATE 5-12-95	

*(See instructions and spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNOC

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal agency.

[illegible]

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State officials for more information. Attachments should be listed on this form, see item 30.

or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval zone.

Item 25: Indicate the additional data pertinent to such interval.

interval, or intervals, top(s), bottom(s) and name(s) (1-20) for each additional interval to be separately produced, showing the additional data pertinent to such interval. (See instruction for items 22 and 24 above.) Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 29: "Sacks Cement"; Attached supplemental records for this work were submitted by the contractor. (See instruction for items 22 and 24 above.)

Item 33: Submit a separate completion report on this form for each interval to be separately produced.

Item 38: Submit a separate completion report on this form for each interval to be separately produced.

Cemented 9-5/8" with 6318 cu. ft. CIB with 2% CaCl₂. gel, 12-1/4# Gilsonite and 1/4# Flocele per sack
Cemented 7" 1st stage with 1144 cu. ft. 65-35 Poz w/12% gel, 12-1/4#
Cemented 7" 1st stage with 1144 cu. ft. 65-35 Poz w/12% gel, 12-1/4#

Cemented 7" 1st stage with 1144 cu. ft. Cemented 2nd stage with 1375 cu. ft. 65-35 Poz w/12% gel, 12-1/4# followed by 118 cu. ft. Cl B w/2% CaCl₂; 118 cu. ft. Cl B w/2% CaCl₂.

ft. C1 B w/2% CaCl_2 .
followed by 118 cu. ft. C1 B w/2% CaCl_2 .
Gilsonite and 1/4# Flocele per sack followed by 118 cu. ft. C1 B w/2% CaCl_2 .
0.6% FLA. 1/4# Flocele and 10# salt per sack.

Cemented 4-1/2" with 214 cu. ft. 50-50 Poz with 2% gel, U.6% FLA, 1/4# Fluore and 10m salt per	CYTOTOXIC MARKERS
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