

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator *Meridian*
~~El Paso Natural Gas Company~~

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

4. Location of Well, Footage, Sec, T, R, M.
1750'S, 1560'W Sec.35, T-29-N, R-4-W, NMPM

5. Lease Number
SF-079761

6. If Indian, All.or
Tribe Name

7. Unit Agreement Name
San Juan 29-4 Unit

8. Well Name & Number
San Juan 29-4 Unit #2

9. API Well No.

10. Field and Pool
Basin Fruitland Coal

11. County and State
Rio Arriba County, 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - stimulation
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

08-01-90 MOL&RU. SDFN.

08-02-90 Blow down. Kill w/1% KCl. ND WH. NU BOP. TIH, tag btm, no fill. TOOH. TIH w/pkr set @ 3697'. SDFN.

08-03-90 Set pkr, PT to 500#. Frac Fruitland Coal w/420 bbl. gel, 1,660,700 SCF N2, 80,000# 20/40 sand, 5000# 40/70 sand, 30,500# 12/20 sand. SI 2 hrs.

08-04-90 FTP 350#. Flowing well.

08-05-90 FTP 280#. Flowing well.

08-06-90 Flowing well. Released pkr. TIH w/tbg. SI. SDFN.

08-07-90 Ran 121 jts of 2 3/8", 4.7#, 8rd EUE tbg landed @ 3806'. Sn @ 3775'. ND BOP. NU WH. Released rig.

14. I hereby certify that the foregoing is true and correct
Signed *[Signature]* Title *Regulatory Affairs* Date *9-4-90*

SEP 14 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ BY *[Signature]* DATE _____

CONDITION OF APPROVAL, IF ANY:

NMOCD

FARMINGTON RESOURCE AREA