

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 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

990' FNL, 1650' FEL, 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 U NP #4

9. API Well No.

30-039-07508

10. Field and Pool

Choza Mesa Pict. Cliffs

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 Injection

☐ Other -

13. Describe Proposed or Completed Operations

7-19-95 MIRU. ND WH. NU BOP. PT BOP. TOO H w/208 jts 1 1/4" tbq. SDON.

7-20-95 TIH w/7" gauge ring to 3900', TOO H. TIH w/7" cmt retainer, set @ 4068'.

Plug #1: pump 94 sx Class "B" cmt inside csg @ 3564-4068'. TOO H to 2967'. WOC. TIH, tag TOC @ 3690'. Plug #2: pump 86 sx Class "B" cmt inside csg @ 3244-3690'. TOO H w/2082'. Load hole w/wtr. PT csg to 600 psi/5 min, OK. TOO H. TIH, perf 3 sqz holes @ 2136'. Establish injection. TIH w/7" cmt retainer, set @ 2082'. Plug #3: pump 35 sx Class "B" cmt below cmt retainer outside 7" csg @ 2036-2136', 19 sx Class "B" cmt on top of cmt retainer, TOC @ 1983'. TOO H. SDON.

7-21-95 Perf 3 sqz holes @ 183'. TOO H. Establish circ out bradenhead w/10 bbl wtr. Plug #4: pump 83 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. ND BOP. NU WH. Cut off WH. Fill 7" csg w/5 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 7-21-95 w/Herman Lujan w/BLM on location.

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

Signed [Signature] Title Regulatory Administrator Date 7/27/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

AUG 07 1995

NMOCD

DISTRICT MANAGER