

submitted in lieu of Form 3160-5

OIL CONSERVATION

10

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

92 MAY

AM 9 19

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
Meridian Oil Inc.

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

4. Location of Well, Footage, Sec., T, R, M
SWSW Sec.5, T-29-N, R-7-W, NMPM

5. Lease Number
SF-078951

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
San Juan 29-7 Unit

8. Well Name & Number
San Juan 29-7 U #79

9. API Well No.

10. Field and Pool
Blanco Mesa Verde

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other -
	<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

A rig will be moved onto the subject well within the next sixty days to isolate shallow horizons behind the 7" casing. 4 1/2" casing will be pulled from the well in order to test the 7" csg for leaks and squeeze cement to surface behind the 7" casing. The 4 1/2" casing will be run back into the well after the 7" casing has been repaired. The well will be returned to production.

RECEIVED
MAY 11 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
MAY -5 AM 11:39
FARMINGTON, N.M.

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

Signed [Signature] (KS) Title Regulatory Affairs Date 5-4-92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

Date

MAY 07 1992

NMOCD

AREA MANAGER