

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells 94 AUG 11 AM 10:16

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
1175'FNL, 1190'FEL, Sec.31, T-29-N, R-4-W, NMPM

070 FARMINGTON, NM Lease Number
NM079893A

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 #201

9. API Well No.
30-039-25372

10. Field and Pool
Gobernador PC Ext/
Basin Fruitland Coal

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 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 -
	<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

REVISED

7-16-94 Drill to TD @ 4511'.
7-17/19-94 Log well. Repair rig.
7-20-94 RU. Ran 103 jts 4 1/2" 10.5# K-55 STC csg, set @ 4505'. Cmtd first stage
w/600 sx Class "B" neat cmt w/0.75% CSF, 1.5% Howco suds, 5 pps Gilsonite,
0.25 pps Flocele, foamed w/N2 (1320 cu.ft.). Tailed w/100 sx Class "B" neat
w/2% calcium chloride (118 cu.ft.). Cmtd cap w/125 sx Class "B" cmt w/2%
calcium chloride (148 cu.ft.). WOC. Set 50,000# on slips, cut off csg. RD.
Rig released @ 11:00 p.m. 7-19-94. Will run CBL during completion.

1586

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

Signed [Signature] Title Regulatory Affairs Date 8/10/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD
Date _____

AUG 15 1994

FARMINGTON DISTRICT OFFICE

BY Smn

NMOCD