

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-078503 6. If Indian, All. or Tribe Name 7. Unit Agreement Name San Juan 29-7 Unit
2. Name of Operator MERIDIAN OIL	8. Well Name & Number San Juan 29-7 U #95 9. API Well No.
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	10. Field and Pool Blanco Mesa Verde 11. County and State Rio Arriba Co, NM
4. Location of Well, Footage, Sec., T, R, M 1600'FNL, 800'FEL Sec.31, T-29-N, R-7-W, NMPM	

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"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - sidetrack workover

13. Describe Proposed or Completed Operations

It is intended to workover the subject well in the following manner:

TOOH w/tbg. If tbg is stuck, cut off tbg approximately 100' below csg shoe. Set cmt ret near bottom of 7" csg. TIH w/ 2 3/8" tbg, CO. Sting into ret. Test tbg to 2500 psi. Sting all the way through ret, load backside w/wtr. PT 500 psi. Squeeze open hole w/cmt. Pull out of ret. Spot cmt on top of ret. Pull up one joint, reverse excess cmt out. Run CBL. Perf squeeze holes above TOC. Squeeze cmt to 50' above Ojo Alamo. Drl to 10' below 7" tbg shoe. Sidetrack using a downhole motor. Drill to approximately 6000'. Run a full string of 4 1/2" csg & cmt. Selectively perf and frac the Mesa Verde formation and return well to production.

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

Signed [Signature] (KS) Title Regulatory Affairs Date 9/5/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

RECEIVED
BLM
SEP - 8 PM 1:40
FARMINGTON, NM
APPROVED

SEP 19 1993

[Signature]
DISTRICT MANAGER