

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 96 AUG -5 PM 4: 58

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
790' FNL, 850' FEL, Sec.20, T-29-N, R-7-W, NMPM
A

5. Lease Number
SF-078424
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 #49
9. API Well No.
30-039-07598
10. Field and Pool
Blanco Mesaverde
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"/> Change of Plans
<input 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 - Pay add	

13. Describe Proposed or Completed Operations

It is intended to add the Lewis formation to the subject well in the following manner:

NU BOP. TOO H w/Mesaverde tubing. Set bridge plug above the existing Mesaverde perforations. Perforate and fracture treat the Lewis interval of the Mesaverde. Clean out the Lewis interval and test potential. Rerun tubing. Return the well to production in the Lewis only. The bridge plug will be milled up after an evaluation period and the current perforations will be returned to production along with the new Lewis perforations.

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AUG 12 1996

OIL CON. DIV.
DIST. 3

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

Signed [Signature] (ADM8) Title Regulatory Administrator Date 8/5/96

(This space for Federal or State Office use)
APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date APPROVED

AUG 06 1996

DISTRICT MANAGER

NMOCD