

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

Sundry Notices and Reports on Wells

93 OCT 14 PM 3:45

1. Type of Well
GAS

070 FARMINGTON, NM

5. Lease Number
SF-078503A
6. If Indian, All. or
Tribe Name

2. Name of Operator
MERIDIAN OIL

7. Unit Agreement Name

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

San Juan 29-7 Unit
8. Well Name & Number
San Juan 29-7 U 104
9. API Well No.

4. Location of Well, Footage, Sec., T, R, M
1170' FSL, 1120' FWL Sec. 30, T-29-N, R-7-W, NMPM

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 type="checkbox"/> Notice of Intent	<input checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

10-06-93 MOL&RU. ND WH. NU BOP.
10-07-93 Pull up to 2994'. Pump 10 sx Class "B" 2994-2631'. Displace tbq w/5 BW. LD 18 jts. Tag top of plug @ 2732'. Spot 28 sx Class "B" cmt @ 1000'. LD 38 jts. Pump 27 sx Class "B" cmt to 680'. Reverse circ well. TOOH.
10-08-93 Perf @ 630'. Pump 40 sx Class "B" cmt (34 sx outside csg, 6 sx inside csg). TIH, tag cmt @ 464'. Perf @ 180'. Pump 79 sx Class "B" cmt to surface through bradenhead. ND BOP. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

RECEIVED

OCT 20 1993

OIL CON. DIV
DIST. 3

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

Signed [Signature] Title Regulatory Affairs Date 10/8/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

OCT 15 1993

DISTRICT MANAGER

NMOOD