

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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
1630' FNL, 1450' FWL, Sec.4, T-29-N, R-7-W, NMPM

5. Lease Number
SF-078945

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 #34A

9. API Well No.
30-039-

10. Field and Pool
Blanco Pictured Cliffs/
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"/> 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 checked="" 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

It is intended to change the cement on the 7" intermediate casing as follows:

Single stage: Cement to circulate to surface. Lead w/357 sacks blended silicalite w/0.375 pps Flocele, 5 pps Gilsonite. Tail with 100 sacks Class "B" 50/50 poz with 2% calcium chloride, 0.25 pps Flocele (903 cu.ft. of slurry, 80% excess to circulate to surface). Wait on cement 12 hours prior to drilling out intermediate casing. Test casing to 1500 psi for 30 minutes.

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

Signed [Signature] (DTV7) Title Regulatory Administrator Date 3/14/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

MAR 18 1996

DISTRICT MANAGER

NMOCD