

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT.

Sundry Notices and Reports on Wells

- |  |  |
|--|--|
| 1. Type of Well<br>GAS   | 5. Lease Number<br>SF-078951                     |
| 2. Name of Operator<br><b>MERIDIAN OIL</b>   | 6. If Indian, All. or<br>Tribe Name              |
| 3. Address & Phone No. of Operator<br>PO Box 4289, Farmington, NM 87499 (505) 326-9700               | 7. Unit Agreement Name<br><br>San Juan 29-7 Unit |
| 4. Location of Well, Footage, Sec., T, R, M<br>1830' FSL, 925' FEL, Sec. 5, T-29-N, R-7-W, NMPM<br>I | 8. Well Name & Number<br>San Juan 29-7 U #90A    |
|  | 9. API Well No.<br>30-039-25566                  |
|  | 10. Field and Pool<br>Blanco MV/Basin DK         |
|  | 11. County and State<br>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 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 - CBL |  |

13. Describe Proposed or Completed Operations

9-17-96 MIRU. Load hole w/30 bbl wtr. TIH, tag fill @ 7394'. Ran CBL-CCL-GR @ 0-7394'; TOC on 4 1/2" lnr @ 5535', TOC on 7" lnr @ 3060', TOC on 9 5/8" intermediate csg @ surface. RD. Rig released.

RECEIVED  
OCT - 2 1996

OIL CON. DIV.  
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 9/19/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

SEP 27 1996

FARMINGTON DISTRICT OFFICE

BY [Signature]

AMOC.D