

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

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
1850' FNL, 1840' FWL, Sec. 11, T-29-N, R-7-W, NMPM
F

5. Lease Number
SF-078423
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 #57A
9. API Well No.
30-039-25567
10. Field and Pool
Blanco MV/Basin DK
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 type="checkbox"/> Abandonment
<input checked="" 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 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

7-22-96 Drill to TD @ 7820'. Circ hole clean.
7-23/24-96 Logging.
7-25-96 TOOH. Circ hole clean. TIH w/47 jts 4 1/2" 11.6# N-80 LT&C lnr, set @ 7818'.
Top of lnr @ 5766'. Pump 20 bbl chemical wash 5 bbl wtr ahead. Cmtd w/157 sx
Class "B" 65/35/ poz w/6% gel, 0.25 pps Cellophane, 3 pps Kolite, 3% Kcl
(286 cu.ft.). Tailed w/100 sx Class "G" 50/50 poz w/5 pps Kolite, 0.25 pps
Kolite, 3% fluid loss, 3% Kcl (131 cu.ft.). No cmt circ to surface. Reverse
out 5 bbl chemical wash. No cmt to surface. PT lnr top to 500 psi, OK.
7-26-96 ND BOP. NU WH. RD. Rig released.

CBL will be run during completion.

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

Signed [Signature] Title Regulatory Administrator Date 7/29/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

AUG 05 1996

FARMINGTON DISTRICT OFFICE

BY [Signature]

NMOCD