

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
1160' FSL, 1170' FWL, Sec. 24, T-29-N, R-8-W, NMPM

5. Lease Number
SF-078416

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Hardie A #6

9. API Well No.
30-045-26442

10. Field and Pool
Blanco Pictured Cliffs

11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other - Restimulate	

13. Describe Proposed or Completed Operations

4-14-96 MIRU. Spot 10 sx sd down csg. SDON.

4-15-96 Load hole w/5 bbl Kcl wtr. PT csg to 700 psi, failed. TIH, tag top of sd @ 2927'. RU, ran CBL @ 0-2927', TOC @ 1320'. RD. TIH w/2 7/8" pkr. Isolate hole in csg @ 776-808'. TOOH. Establish injection. Pump 390 sx Class "B" neat cmt w/2% calcium chloride. Displace w/4 bbl wtr. Circ 3 bbl cmt to surface. WOC. SDON.

4-16-96 TIH, tag TOC @ 698'. Drill cmt @ 698-795'. Circ hole clean. PT csg, failed. TOOH. PT csg against master valve, failed. TIH w/taper mill, TOOH. TIH w/pkr, found csg leak @ 790-808'. TOOH w/pkr. TIH to 810'. Attempt to establish injection. Spot 10 sx Class "B" cmt @ 810'. TOOH to 96'. Circ 0.5 bbl cmt to surface. TOOH. Sqz to 1400 psi. SI master valve. WOC. SDON.

4-17-96 TIH, tag TOC @ 710'. Drill cmt @ 710-800'. TOOH. PT csg against master valve to 1000 psi, OK. TIH, blow well & CO. TOOH. SDON.

4-18-96 TIH w/gauge ring to 3128'. Perf Pictured Cliffs @ 3014-3021', 3026-3032', 3040-3044', 3048-3056' w/50 holes total. TOOH. Acidize w/1000 gal 15% Hcl. Blow well & CO.

4-19-96 Tag bottom @ 3138'. Blow well clean. TOOH. TIH w/96 jts 1 1/4" 2.3# J-55 tbq, landed @ 3091'. ND BOP. NU WH. RD. Rig released.

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

Signed *Don Bradfield* Title Regulatory Administrator Date 4/23/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date **ACCEPTED FOR RECORD**

MAY 01 1996

NMOCD

FARMINGTON DISTRICT OFFICE
BY *21*