

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
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
1700' FNL, 890' FEL, Sec. 31, T-30-N, R-4-W, NMPM

5. Lease Number
SF-079488

6. If Indian, All. or
Tribe Name

Unit Agreement Name
San Juan 30-4 Unit

8. Well Name & Number
San Juan 30-4 U #28

9. API Well No.
30-039-07728

10. Field and Pool
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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 - long-term shut-in	

13. Describe Proposed or Completed Operations

After further evaluation, it has been determined that this well will be unable to produce against line pressure economically. Line pressure is currently at 380 psi. Adding additional pay is being evaluated to make this well economic and the line pressure problem is being addressed. Records show a good primary cement job and surface pressures do not currently show a casing leak so there should be no environmental hazards.

THIS APPROVAL EXPIRES

AUG 01 1995

070 FARMINGTON, NM

94 JUL 20 PM 3:58

RECEIVED
BLM

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

Signed [Signature] Title Regulatory Affairs Date 7/20/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD