

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address &amp; Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 800'S, 1500'W Sec.18, T-30-N, R-6-W, NMPM</p>	<p>5. Lease Number NM-03385</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name San Juan 30-6 Unit</p> <p>8. Well Name &amp; Number San Juan 30-6 Unit #17</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State Rio Arriba County, NM</p>
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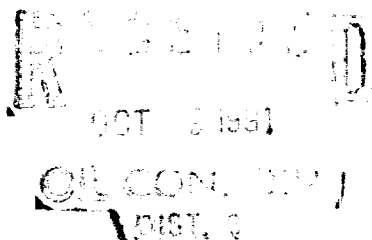
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> 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 type="checkbox"/> Other - Add Lewis Pay	

13. Describe Proposed or Completed Operations

It is intended to add pay within the Lewis interval in the following manner:

MOL&RU. TOOH w/2 3/8" tbg. Set bridge plug @ 4920'. PT csg to 3500#. Perforate Lewis @ 4614-4871'. Frac w/73,500# 20/40 sand and 102,000 gal 10# linear gel through 3 1/2" tbg and packer @ 4550'. CO w/gas to 4920'. Retrieve BP. Land 5974' of 2 3/8", 4.7#, J-55 tbg. Release rig.



14. I hereby certify that the foregoing is true and correct.  
Signed D. J. ... (DW) Title Regulatory Affairs Date 9-19-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITION OF APPROVAL, IF ANY:

COPIED  
DATE  
9-19-91