

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  
835' FSL, 580' FWL, Sec. 28, T-30-N, R-7-W, NMPM  
E P

5. Lease Number  
NM-02151  
6. If Indian, All. or  
Tribe Name  
7. Unit Agreement Name  
San Juan 30-6 Unit  
8. Well Name & Number  
San Juan 30-6 U #91A  
9. API Well No.  
30-039-22193  
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 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 checked="" 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 -	

13. Describe Proposed or Completed Operations

It is intended to repair the casing in the subject well in the following manner:

TOOH with 2 3/8" tubing. Pressure test casing. TIH with packer, isolate holes in casing. Pump 100 sacks Class "B" cement to cover holes at 2096-2344'. TIH, pressure test casing to 450 psi. Drill cement. Pressure test casing to 450 psi. TOOH with RBP. TIH with 4 1/2" packer and 2 3/8" tbg. Return well to production.

RECEIVED  
AUG - 5 1996  
OFF. GEN. DIV.  
DIST. 3

RECEIVED  
BLM  
56 JUL 25 PM 3:18  
070 FARMINGTON, NM

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

Signed [Signature] (ROS7) Title Regulatory Administrator Date 7/25/96

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

APPROVED

NMOCD

AUG 01 1996

DISTRICT MANAGER