

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

96 MAR -1 PM 2:00

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
1515' FSL, 1441' FWL, Sec.23, T-30-N, R-7-W, NMPM

5. Lease Number
SF-079382
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 #413
9. API Well No.
30-039-24159
10. Field and Pool
Basin Fruitland Coal
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 checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 -	

13. Describe Proposed or Completed Operations

2-13-96 MIRU. ND WH. NU BOP. TIH, tag CIBP @ 2748'. SDON.
2-14-96 PT csg to 500 psi, OK. TOOH to 2296'. Plug #1: pump 17 sx Class "B" cmt above CIBP @ 2196-2296'. TOOH to 2068. Plug #2: pump 17 sx Class "B" cmt @ 1968-2068'. TOOH to 1186'. Plug #3: pump 17 sx Class "B" cmt @ 1086-1186'. TOOH to 277'. Establish circ down csg & out bradenhead. Plug #4: pump 44 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. WOC. ND BOP. Cut off WH. Fill csg w/6 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 2-12-96.

RECEIVED
MAR - 7 1996
OIL CON. DIV.
DIST. 3

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

Signed *Regina S. Smith* Title Regulatory Administrator Date 2/28/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

MAR 04 1996

DISTRICT MANAGER

NMOCD