

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
JUN 7 1996

Sundry Notices and Reports on Wells

JUN 7 11:20

OTO FARMINGTON, NM

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  
1450' FNL, 1550' FEL, Sec.12, T-30-N, R-7-W, NMPM

- 5. Lease Number  
NM-012573
- 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 #420
- 9. API Well No.  
30-039-24178
- 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 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 checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

5-28-96 MIRU. ND WH. NU BOP. TOOH w/2 7/8" tbg, 1 1/2" tbg. TIH w/stator, 104 jts  
2 7/8" 6.5# J-55 8RD tbg, landed @ 3238'. ND BOP. NU WH. SDON.  
5-29-96 Blow well & CO. TIH w/rotor & 7/8" rods. RD. Rig released.

RECEIVED  
JUN - 7 1996

OIL & GAS DIV.  
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 5/30/96

(This space for Federal or State Office use)

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

Date

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 04 1996

FARMINGTON DISTRICT OFFICE  
BY [Signature]

NMOCD