

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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Sundry Notices and Reports on Wells

55 AUG 16 PM 3:25

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  
1710' FNL, 1555' FEL, Sec. 14, T-30-N, R-7-W, NMPM

5. Lease Number  
NM-012293  
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 #464  
9. API Well No.  
30-039-24237  
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 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 checked="" type="checkbox"/> Other - Recavitate

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull existing 5 1/2" liner and 2 7/8" tubing. Surge with gas until formation stabilizes. Rerun the 5 1/2" liner and 2 7/8" tubing. Return the well to production.

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

Signed [Signature] (JCG7) Title Regulatory Administrator Date 8/14/95

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

APPROVED

AUG 17 1995

DISTRICT MANAGER

NMOCD