

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|---|--|
| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
MERIDIAN OIL</p> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M
1850'FSL, 1650'FEL, Sec.13, T-30-N, R-7-W, NMPM</p> | <p>5. Lease Number
NM-012293</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 & Number
San Juan 30-6 U #71A</p> <p>9. API Well No.
30-039-25424</p> <p>10. Field and Pool
Blanco MV/Basin DK</p> <p>11. County and State
Rio Arriba Co, NM</p> |
|---|--|

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

- 9-1-94 Drilled to TD @ 7638'. Logging.
- 9-2-94 Ran 100 jts 5 1/2" 17# K-55 LTD csg lnr, set @ 7633. Top of lnr @ 3350'. Cmdt w/200 sx Class "G" neat w/0.5% D-156, 0.8% D-65, 0.2% D-46, 0.25 pps Flocele 3 gal/sx D-155 (544 cu.ft.). Tailed w/150 sx Class "G" neat w/0.5% D-60, 0.15% D-800 (173 cu.ft.). Reverse out T2 bbl cmdt. PT lnr to 3000 psi, OK. ND BOP. NU WH. RD. Rig released 6:00 a.m. 9-2-94.

RECEIVED
SEP. 12 1994
OIL CON. DIV.
DIST. 3

070 FARMINGTON, NM

SEP - 7 AM 10:34

RECEIVED
BLM

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

Signed [Signature] Title Regulatory Affairs Date 9/2/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

SEP 08 1994

FARMINGTON DISTRICT OFFICE
BY [Signature]