

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

1015' FSL, 850' FEL, Sec.7, T-29-N, R-11-W, NMPM

5. Lease Number
SF-078813

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Cooper B #1E

9. API Well No.
30-045-24212

10. Field and Pool
Basin Dakota

11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other - Bradenhead repair	

13. Describe Proposed or Completed Operations

5-6-96 MIRU. Blow well & CO. ND WH. NU BOP. TOO H w/208 jts 2 3/8" tbgs. TIH w/5 1/2" csg scraper. SDON.

5-7-96 TIH w/5 1/2" csg scraper to 6532'. TOO H. TIH w/5 1/2" RBP, set @ 6249'. Load hole w/1% Kcl wtr. PT csg to 900 psi/15 min, OK. TOO H. Spot 1 sx sd on RBP. TIH, ran CBL @ 0-1510' w/1000 psi, TOC @ 1130'. Perf 3 sqz holes @ 1000'. TOO H. Circ hole clean w/160 bbl wtr. TIH w/5 1/2" FB pkr, set @ 770'. Pressure backside to 500 psi. Pump 10 bbl wtr ahead. Pump 450 sx Class "B" neat cmt w/2% calcium chloride. Circ 10 bbl cmt to surface. Displace w/4 bbl wtr. Sqz to 900 psi. WOC. SDON.

5-8-96 TOO H w/FB pkr. TIH, tag TOC @ 851'. Drill cmt @ 851-1036'. PT csg to 900 psi/15 min, OK. TOO H. TIH w/5 1/2" csg scraper to 1100'. TOO H. TIH w/retrieving tool to 1566'. SDON.

5-9-96 TIH w/retrieving tool. Blow well & CO. Release RBP @ 6249'. TOO H. TIH, tag up @ 6515'. Blow well & CO.

5-10-96 TIH w/209 jts 2 3/8" 4.7# J-55 8RD EUE tbgs, landed @ 6554'. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 5/13/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

MAY 15 1996

FARMINGTON DISTRICT OFFICE
BY [Signature]

NMOGD