

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

Sundry Notices and Reports on Wells

SI FEB -1 AM 8:39

019 FARMINGTON, N.M.

1. Type of Well GAS	5. Lease Number SP-078580
2. Name of Operator Meridian Oil Inc.	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec, T, R, M. 1145'N, 1810'W Sec.5 , T-30-N, R-8-W, NMPM	8. Well Name & Number Howell A #300
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	11. County and State San Juan County, 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"/> Gasing Repair <input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other - alter tbg

13. Describe Proposed or Completed Operations

It is intended to workover the subject well to change tbg strings. The operations will be performed as follows:

RU wireline and set blanking plug in F nipple @ 3041'. MOL&RU snubbing unit and BOP stack. PT BOP's to 200 psi/10 min and 2500#/30 min. Screw into donut w/2 3/8" landing sub and test rams to 2500#/30 min. Strip and snub 2 3/8" tbg from well. Strip and snub tapered 2 7/8" and 3 1/2" tbg string in well w/blanking plug in F nipple. Land @ approximately 3070'. ND BOP's. NU WH. RU wireline and retrieve blanking plug. Release rig.

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

Signed Dan D. Ball (DM) Title Regulatory Affairs Date 1-28-91

(This space for Federal or State office use)

APPROVED

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE 1991

CONDITION OF APPROVAL, IF ANY:

AREA MANAGER

NMOCD