

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <p>1. Type of Well GAS</p> <p>2. Operator Meridian Oil Inc.</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499</p> <p>4. Location of Well 1710'N, 1495'W</p> | <p>5. Lease Number SF-078316D</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name Woodriver</p> <p>9. Well No. 250</p> <p>10. Field, Pool, Wildcat Basin Fruitland Coal</p> <p>11. Sec. T. R. M. or Blk Sec.05, T-30-N, R-09-W NMFM</p> |
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|----------------|---------------------------|------------------------|-----------------|
| 14. Permit No. | 15. Elevations 6300'GR | 12. County San Juan | 13. State NM |
|----------------|---------------------------|------------------------|-----------------|

16. Intent to/Subsequent Report of : Cement Liner & Frac

17. Describe proposed or completed operations:

5-18-89 Mol ru. Nd wh, nu bop. Pull donut. Tooh w/tbg. Tih, tag fill @ 2990'. Circ & clean out @ 2990-3043'.

5-19-89 Drld 3043-3047'. Cleaned out @ 3016'. Tih & cleaned out @ 3047'. Tooh.

5-20-89 Log @ 3041'. Tih ran 10 jts, 4 1/2", 10.5#, K-55 csg set @ 3046'. Liner hanger top @ 2677.80'. Cmt'd w/70 sx "B" w/2% CACL2 (98 cf).

5-21-89 Tih to liner top . Tooh. Tih & clean out to 3035'. Tooh. Ran GR-CBL-CCL 3034-2670'. Pressure tested liner & csg to 900 psi. Tooh.

6-09-89 Frac'd w/10,000#, 40/70 sand, 95,000#, 12/20 sand, 95,867 gals, 50# HPG X-link gel, 39.5 tons CO2. Si allow gels to break. Flow after frac.

6-10-89 Tih, tag @ 2160'. Circ to PBSD @ 3036'. Blow well.

6-11-89 Gauge.

6-12-89 Tih, tag @ 3030'. Landed w/98 jts 2 3/8", 4.7#, J-55 tbg set @ 3006', f-nip 1 jt off btm @ 2973'. Nd bop, nu master valve. Rig released.

18. Authorized by: [Signature]
Regulatory Affairs

Accepted For Record
1-10-90
MAR 02 1990

NOTE: This format is issued in lieu of US BLM Form 3160-5

Chief, Branch of
Mineral Resources
Farmington Resource Area

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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL. IF ANY: