

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-078604
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. 1640'N, 1100'W Sec.3 , T-31-N, R-10W, NMPM	8. Well Name & Number Scott #13
	9. API Well No.
	10. Field and Pool Blanco Pic. Cliffs
	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"/> Casing Repair <input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other - Well Repair

13. Describe Proposed or Completed Operations

It is intended to perform remedial cementing on the subject well to alleviate surface gas suspected from this wellbore in the following manner:

MOL&RU. Blow down and kill as required. NU BOP. TIH w/1 1/16" drill pipe and RBP, set @ 2650'. PT RBP and csg to 1000#. Run GR-CBL-CCL from 2650 to TOC. Perf 2 squeeze holes @ TOC. Establish circ through bradenhead w/wtr. Mix and pump Class "B" cmt w/2% calcium chloride and 2#/gilsonite/sx until returns are seen at the surface. Close bradenhead and displace cement w/wiper plug and water. TIH w/drillpipe and 2 1/4" paddle mill and clean out below squeeze. PT to 500#. Resqueeze if necessary. TIH and retrieve RBP. TOOH. ND BOP. NU WH. Swab well in and return to production.

RECEIVED

APR 12 1990

OIL CON. DIV.;

DIST. 3

APPROVED

APR 06 1990

Ken Townsend  
AREA MANAGER

14. I hereby certify that the foregoing is true and correct  
Signed [Signature] (DM) Title Regulatory Affairs Date 4-2-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITION OF APPROVAL, IF ANY: **NMOCD**