

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
5:11 MAIL ROOM

Sundry Notices and Reports on Wells

96 MAR 22 AM 9:11

1. Type of Well  
GAS

RECEIVED  
MAR 28 1996

06 MAR 28 1996 NM

2. Name of Operator  
MERIDIAN OIL OIL CON. DIV.  
DIST. 3

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
830' FNL, 1758' FWL, Sec. 34, T-31-N, R-13-W, NMPM

5. Lease Number  
SF-078463A
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name
8. Well Name & Number  
Lea Federal #1E
9. API Well No.  
30-045-25980
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

- |   |   |  |
|---|---|--|
| <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 - Tubing repair |  |

13. Describe Proposed or Completed Operations

- 3-14-96 MIRU. SDON.
- 3-15-96 ND WH. NU BOP. TIH, tag fill @ 6450'. TOOH w/2 3/8" tbg. TIH w/bailer. Clean out. TOOH. SD for weekend.
- 3-18-96 TIH w/4 1/2" gauge ring to 6470'. TOOH. TIH w/bailer, CO to PBTD. TOOH. TIH w/208 jts 2 3/8" 4.7# J-55 EUE 8RD tbg, landed @ 6483'. Drop standing valve inside 2 3/8" tbg. Load tbg w/1% Kcl wtr. PT tbg to 1200 psi/5 min, OK. ND BOP. NU WH. TIH to retrieving standing valve. SDON.
- 3-19-96 Fishing. TOOH w/standing valve. Spot 6 bbl 15% Hcl across perfs. Displace w/23.5 bbl 2% KCL wtr. Swab acid out. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 3/20/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

MAR 25 1996

FARMINGTON DISTRICT OFFICE  
BY [Signature]

NMOCD