

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 Inc.

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

4. Location of Well, Footage, Sec., T, R, M
790'FNL, 1535'FEL Sec.29, T-32-N, R-10-W, NMPM

5. Lease Number
SF-078604

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Scott #1R

9. API Well No.
30-045-28514

10. Field and Pool
Blanco Mesa Verde

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 type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

11-4-92 TD 3194'. Ran 75 jts 7", 23#, K-55 csg, 3182' set @ 3194'. Cmt'd first stage w/215 sx Class "B" w/2% calcium chloride, 6.25# gilsonite/sx and 0.25#/sx flocele (254 cu.ft.). Unable to cement second stage. Remedial cementing will be done during completion operations.

11-11-92 TD 5700'. Ran 102 jts 4 1/2", 11.6#, N-80 (surface to 4086') and 53 jts 4 1/2", 10.5#, K-55 casing (4086-5700'). Cemented w/250 sx Class "B" 50/50 Poz w/2% gel, 0.6% Halad-9, 6.25#/sx gilsonite and 0.25#/sx flocele (350 cu.ft.). External casing pkr set @ 5187' and 5247'. DV tool @ 5180'.

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

Signed [Signature] Title Regulatory Affairs Date 11/17/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD