

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIVISION
RECEIVED
DEC 22 1994

Sundry Notices and Reports on Wells

DEC 22 1994

1. Type of Well

GAS

5. Lease Number
SF-077107A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

2. Name of Operator

MERIDIAN OIL

8. Well Name & Number
Hancock B #1

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

9. API Well No.
30-045-07152

4. Location of Well, Footage, Sec., T, R, M

1850'FSL, 790'FWL, Sec.28, T-28-N, R-9-W, NMPM

10. Field and Pool
Blanco Mesaverde
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 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 checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

The subject well currently has no surface production equipment and the meter is in disrepair. Current shut-in casing pressure is 475 psi, shut-in tubing pressure is 335 psi. These pressures were taken December 16, 1994. This well will have surface equipment reset and be returned to production within three months. Notification of producing status will occur at that time.

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OIL CON. DIV.
DIST. 3

070 FARMINGTON, NM

54 DEC 20 AM 10:28

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RLL

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

Signed [Signature] (TEM3) Title Regulatory Affairs Date 12/19/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date **APPROVED**

CONDITION OF APPROVAL, if any:

DEC 22 1994
DISTRICT MANAGER

NMOCD