

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FOR APPROVED
OMB NO. 1004-0137
EXPIRES: December 31, 1991

5. LEASE DESIGNATION AND SERIAL NO

SF-080472

6. IF INDIAN, ALLOTTED OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other Salt Water Disposal

1b. TYPE OF COMPLETION:

NEW WELL WORK OVER DRILL-OUT PLUG BACK DIFF. REVR Other _____

2. NAME OF OPERATOR

Meridian Oil Inc

3. ADDRESS AND TELEPHONE NO.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2305'FNL, 2415'FWL

At top prod. interval reported below

At total depth

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL N

Jillson Federal SWD #1

9. API WELL NO.

30-039-25465

10. FIELD AND POOL, OR WILDCAT

SWD Morrison/Bluff/Ent

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec.8, T-24-N, R-3-W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. PERMIT NO.

DATE ISSUED

SWD R-10168

15. DATE SPUDDED

10-9-94

16. DATE T.D. REACHED

10-26-94

17. DATE COMPL. (Ready to prod.)

4-6-95

18. ELEVATIONS (DF, RKB, ST, GR, ETC.)*

6906 GR 6918 KB

19. SLEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

8800

21. PLUG BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-8800

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

8416-8654 Entrada

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

AIT-GR, CNL-CDL, DIS

27. WAS WELL COBED

No

CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
9 5/8	36#	453	12 1/4	314 cu.ft.	
7	23#	8798	8 3/4	3621 cu.ft.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	30. TUBING RECORD
					SIZE DEPTH SET (MD) PACKER SET (MD)
					4 1/2 8200 8200

31. PREPARATION RECORD (If additional, give date and number)

8416-8654

APR 2 1995

OIL COMPANY

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		Injection Well				SI	
DATE OF TEST	HOURS TESTED	CHOKED SIZE	PROD'N FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE

4-11-95

*(See instructions and Spaces for Additional Data on Reverse Side)

