

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1090'S, 990'W Sec. 27, T-27-N, R-5-W, NMPM</p>	<p>5. Lease Number SF-079394</p> <p>6. If Indian, All or Tribe Name</p> <p>7. Unit Agreement Name San Juan 27-5 Unit</p> <p>8. Well Name & Number San Juan 27-5 Unit #66</p> <p>9. API Well No.</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State Rio Arriba County, NM</p>
---	---

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 checked="" 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

A casing repair on the subject well will be done as follows:

MOL&RU. TOOH w/tbg. Set a RBP above the liner @ 3200'. Isolate and squeeze the leak in the 7" csg w/Class "B" neat cmt. Drill out squeeze and PT to 600 psi. Pull RBP. TIH w/tbg. Return well to production.

RECEIVED
JAN 10 1992
OIL CON. DIV
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (LS) Title Regulatory Affairs Date 12-31-91

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY: NMCCD JAN 09 1992
DATE
AREA MANAGER