

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well <i>Gas</i> GAS</p> <p>2. Name of Operator <i>Meridian</i> El Paso Natural Gas Company</p> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec, T, R, M. 850'S, 1680'E Sec. 25, T-27-N, R-5-W, NMPM</p>	<p>5. Lease Number SF-079493</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 #158</p> <p>9. API Well No.</p> <p>10. Field and Pool Tapacitos Pic. Cliffs</p> <p>11. County and State Rio Arriba Co., NM</p>																								
<p>12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA</p> <table border="0"><thead><tr><th>Type of Submission</th><th>Type of Action</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> Notice of Intent</td><td><input type="checkbox"/> Abandonment</td></tr><tr><td><input type="checkbox"/> Subsequent Report</td><td><input type="checkbox"/> Recompletion</td></tr><tr><td><input type="checkbox"/> Final Abandonment</td><td><input type="checkbox"/> Plugging Back</td></tr><tr><td></td><td><input type="checkbox"/> Casing Repair</td></tr><tr><td></td><td><input type="checkbox"/> Altering Casing</td></tr><tr><td></td><td><input type="checkbox"/> Other Repair Well</td></tr><tr><td></td><td><input type="checkbox"/> Change of Plans</td></tr><tr><td></td><td><input type="checkbox"/> New Construction</td></tr><tr><td></td><td><input type="checkbox"/> Non-Routine Fracturing</td></tr><tr><td></td><td><input type="checkbox"/> Water Shut Off</td></tr><tr><td></td><td><input type="checkbox"/> Conversion to Injection</td></tr></tbody></table>		Type of Submission	Type of Action	<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back		<input type="checkbox"/> Casing Repair		<input type="checkbox"/> Altering Casing		<input type="checkbox"/> Other Repair Well		<input type="checkbox"/> Change of Plans		<input type="checkbox"/> New Construction		<input type="checkbox"/> Non-Routine Fracturing		<input type="checkbox"/> Water Shut Off		<input type="checkbox"/> Conversion to Injection
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13. Describe Proposed or Completed Operations

This well has a packer set to isolate a suspected casing leak and test the Pictured Cliffs for economic production rates. The test period has proven economic and the casing will be repaired. We will attempt to back off the 2 7/8" casing below the leak and replace the corroded joints with new joints of 2 7/8". If the casing cannot be backed off, the failure interval will be squeeze cemented and pressured tested.

RECEIVED

MAY 14 1990

OIL CON. DIV.
DIST. 3.

APPROVED

MAY 09 1990

Ken Townsend
AREA MANAGER

14. I hereby certify that the foregoing is true and correct
Signed *[Signature]* (LS) Title Regulatory Affairs Date 4-27-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY:

HMOC