

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
SLM

92 MAY 22 PM 3:52
FARMINGTON, N.M.

- | | |
|---|--|
| <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
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
1010'FNL, 795'FWL Sec.5 , T-27-N, R-5-W, NMPM</p> | <p>5. Lease Number
SF-079393</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 U #53/A</p> <p>9. API Well No.</p> <p>10. Field and Pool
Blanco MV/Pcliffs</p> <p>11. County and State
Rio Arriba Co, 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 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 - repair well | |

13. Describe Proposed or Completed Operations

A rig will be moved onto this dual Mesa Verde - Pictured Cliffs well within the next 90 days in order to repair a tubing leak and replace the packer. The well failed its 1991 packer leakage test. The tubing and packer will be pulled and replaced with new tubing and a new packer. The well will then be returned to dual production according to regulations.

J. C. [unclear]
10/10/92

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

Signed [Signature] (KS) Title Regulatory Affairs Date 5-20-92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date APPROVED

NMOC

MAY 27 1992
[Signature]
AREA MANAGER -