

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

DEC 15 PM 2:20

1. Type of Well
GAS

RECEIVED
DEC 1 9 1994

2. Name of Operator

MERIDIAN OIL OIL COAL MINE
DIST. 7

3. Address & Phone No. of Operator

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

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

1375'FNL, 1835'FEL, Sec.31, T-27-N, R-9-W, NMPM

Lease Number
NM-01051

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Huerfano Unit

8. Well Name & Number
Huerfano Unit #522

9. API Well No.
30-045-29185

10. Field and Pool
Basin Fruitland Coal

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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

12-10-94 MIRU. Spud well 12:45 p.m. 12-9-94. Drill to 231'. Ran 5 jts 8 5/8" 24# K-55 8RD STC csg, set @ 226'. Cmtd w/250 sx Class "G" cmt w/2% calcium chloride, 0.25 pps Cellophane (288 cu.ft.). Circ 15 bbl cmt to surface. WOC. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

12-12-94 Drill to TD @ 2400'. Log well. Ran 54 jts 4 1/2" 10.5# K-55 8RD STC csg, set @ 2399'.

12-13-94 Cmt w/477 sx Class "G" 65/35 poz w/6% gel, 2% calcium chloride, 0.25 pps Cellophane, 5 pps Ginsonite (844 cu.ft.). Tailed w/100 sx Class "G" cmt w/2% calcium chloride (115 cu.ft.). Circ 52 bbl cmt to surface. WOC. FT csg to 3800 psi, OK. ND BOP. NU WH. Rig released.

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

Signed [Signature] Title Regulatory Affairs Date 12/15/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

DEC 16 1994

NMOCD

FARMINGTON DISTRICT OFFICE

BY

[Signature]