

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
918'FNL, 950'FEL Sec.36, T-29-N, R-4-W, NMPM

5. Lease Number
SF-079761

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
San Juan 29-4 Unit

8. Well Name & Number
San Juan 29-4 U #16

9. API Well No.
30-039

10. Field and Pool
Choza Mesa PC

11. County and State
Rio Arriba 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 checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

05-14-93 MOL&RU. Blow down. ND WH. NU BOP. TOO H w/1 1/4" tbgr. SDFN.

05-17-93 Set ret @ 3218'. Pump 175 sx Class "B" cmt below ret; 6 sx on top. Load hole w/60 bbl. Spot 31 bbl 9# 50 vis mud 3092-1784'. Stand back. SD for weekend.

05-18-93 Shot 4 holes @ 1784'. Set cmt ret @ 1720'. Spot 55 sx Class "B" cmt below ret, 5 sx on top of ret. Spot 33 bbl 9# 50 vis mud 1684-182'. Shot 2 holes @ 182'. Est circ. Pump 28 sx cmt plug, circ good cmt to surface out bradenhead. Cut off WH. Install dry hole marker. Well plugged & abandoned.

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

Signed [Signature] Title Regulatory Affairs Date 5/18/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD

APPROVED
MAY 20 1993
DISTRICT MANAGER