

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

55 OCT -4 PM 1:00

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
2005' ENL, 1030' FEL, Sec. 35, T-29-N, R-7-W, NMPM
NSL-3567

070 FARMINGTON, NM

5. Lease Number
SF-078425
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 29-7 Unit
8. Well Name & Number
San Juan 29-7 U #151
9. API Well No.
30-039-25540
10. Field and Pool
So. Blanco Pict. Cliffs
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 type="checkbox"/> Abandonment
<input checked="" 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 checked="" type="checkbox"/> Other -
	<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

13. Describe Proposed or Completed Operations

9-26-95 Drill to TD @ 3780'. Circ hole clean. TOOH. RU to log.
9-27-95 Ran logs. RD. TIH, circ hole clean. TOOH. TIH w/ 4 1/2" 10.5# K-55 STC
csg, set @ 3773'. Cmt first stage w/151 sx Class "B" cmt w/1% calcium
chloride, 3 pps Gilsonite, 0.25 pps Flocele (178 cu.ft.). Circ 11 bbl
cmt to surface. Stage tool set @ 3327'. Cmtd second stage w/785 sx
Class "B" 65/35 poz w/1% calcium chloride, 6% gel, 3 pps Gilsonite,
0.25 pps Flocele, 35% pozmix (1397 cu.ft.). Tailed w/100 sx Class "B"
neat w/1% calcium chloride, 0.25 pps Flocele (118 cu.ft.). Circ 37 bbl
cmt to surface. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD.
Rig released.

RECEIVED
OCT 10 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 9/29/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

OCT 05 1995

FARMINGTON DISTRICT OFFICE

BY [Signature]