

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator MERIDIAN OIL</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 595' FNL, 2135' FWL Sec. 31, T-30-N, R-6-W, NMPM</p>	<p>5. Lease Number SF-080711A</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>San Juan 30-6 Unit</p> <p>8. Well Name & Number San Juan 30-6 U #58B</p> <p>9. API Well No. 30-039-25274</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State Rio Arriba Co, NM</p>
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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

08-14-93 TD 6533'. Ran 61 jts 4 1/2", 10.5#, K-55 ST&C csg, 2604' set @ 6533'. Top of liner @ 3928'. Cemented w/233 sx Class "B" 65/35 Poz w/2% calcium chloride, 6% gel, 3 pps gilsonite, and 0.25 pps flocele (412 cu.ft.), tail w/100 sx Class "B" w/2% calcium chloride (118 cu.ft.). Reversed out 4 bbl cmt. PT 3000 psi, ok.

RECEIVED
AUG 23 1993
OIL CON. DIV.
BLM

FARMINGTON, NM
AUG 17 PM 3:47

RECEIVED
BLM

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

Signed [Signature] Title Regulatory Affairs Date 8/16/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON DISTRICT OFFICE
[Signature]