

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

RECEIVED
APR 18 1994

2. Name of Operator
MERIDIAN OIL

OIL CON. DIV.
DIST. 3

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

4. Location of Well, Footage, Sec., T, R, M
1320' FSL, 1570' FWL Sec. 18, T-29-N, R-11-W, NMPM

- 5. Lease Number
SF-077056
- 6. If Indian, All. or Tribe Name
- 7. Unit Agreement Name
- 8. Well Name & Number
Cozzens #1
- 9. API Well No.
- 10. Field and Pool
Basin Ft 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 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 Injectio |
| | <input checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

The subject well was evaluated for casing integrity; current tubing/casing pressure are 244 and 244 respectively, indicating integrity for the wellbore is sound and no remedial action is currently required. The subject well is currently non-productive due to excessively high line pressure. Should line pressure drop sufficiently, this well will produce in economic quantities. We are currently evaluating options to reduce line pressure in general, and allow the subject well to once again produce in economic quantities.

THIS APPROVAL EXPIRES MAY 01 1995

RECEIVED
BLM
APR 23 PM 3:08
070 FARMINGTON, NM

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

Signed [Signature] (SBD) Title Regulatory Affairs Date 3/25/94

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

M1000

APPROVED

APR 18 1994

[Signature]
DISTRICT MANAGER