

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
980'FNL, 1720'FWL Sec.31, T-31-N, R-11-W, NMPM

5. Lease Number
SF-078115
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
~~Senior #23E~~ *Thurston*
9. API Well No. *#1A*
10. Field and Pool
~~Basin Dk/Blanco MV~~
11. County and State
San Juan Co, NM

RECEIVED

JUN 4 1993

OIL CON. DIV.
DIST. 3

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 checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input checked="" 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

- 05-22-93 MOL&RU. ND WH. NU BOP. TOOH w/tbg. Run scraper to 6850'. Set cmt
ret @ 6852'. Cmt w/28 sx Class "B" neat. Spot 28 bl 2# mud
6852-5100'.
- 05-23-93 Set CIBP @ 5100'. Ran DCL 5097-4200'. Perf 4771-4990'. Set cmt
4550'. Spot 2500 gal 15% HCl. Frac w/20/40 sand & KC wtr. 28 bl
to pit. CO to 4850'.
- 05-24-93 Blow well.
- 05-25-93 TIH, CO. Ran 88 jts 2 3/8", 4.7#, K-55 EUE tbg lands @ 4871'.
SN @ 4840'. ND BOP. NU WH. Released rig.

NOTE: The name of this well is now changed to the Thurston #1A, as a
Mesa Verde completion, in compliance with NMOCD naming
conventions.

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

Signed *[Signature]* Title Regulatory Affairs Date 5/25/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

Date _____

JUN 01 1993

FARMINGTON DISTRICT OFFICE

BY *[Signature]*

NMOCD