

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 Inc.

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

4. Location of Well, Footage, Sec., T, R, M  
1590'FSL, 1000'FEL Sec.35 T-31-N, R-9-W, NMPM

5. Lease Number  
SF-078439

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Johnston Federal #23

9. API Well No.  
30-045-27270

10. Field and Pool  
Basin Frt 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 Injection
	<input checked="" type="checkbox"/> Other - Sidetrack Workover	

## 13. Describe Proposed or Completed Operations

It is intended to sidetrack this well in the following manner:

MOL&RU. A balanced cement plug will be set in the existing 7" casing.

A cast iron bridge plug (CIBP) will be set using a wireline and casing collar locator (CCL) @ approximately 2469'.

A whipstock assembly will be set on top of the CIBP. A window will be cut in the existing 7" casing.

Following clean up of the window, a 6 1/4" hole will be drilled with gelled water approximately 50'. At this point, compressors/boosters will be used to unload the hole with air mist. Total depth is planned at approximately 2759'.

A standard Fruitland Coal open hole completion is planned.

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

Signed [Signature] (GL) Title Regulatory Affairs Date 9/24/92

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any: