

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number Jic. 123
2. Name of Operator Meridian Oil Inc.	6. If Indian, All. or Tribe Name Jic. Apache
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec, T, R, M. 1085'S, 1040'E Sec. 5, T-25-N, R-4-W, NMPM	8. Well Name & Number Jicarilla 123 C #19
	9. API Well No.
	10. Field and Pool So. Blanco Pic. 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 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 checked="" 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

This well has a casing failure. Repair of this well will be completed before the end of the third quarter. A cement squeeze will be placed the failure. The tbg & packer will be rerun after repair of this well.

RECEIVED

APR 04 1990

OIL CON. DIV
DIST. 3

THIS APPROVAL EXPIRES JUL 02 1990

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

Signed Ken Townsend (cs) Title Regulatory Affairs Date 3-27-90
APR 02 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

Ken Townsend
DATE
Chief, Branch of
Mineral Resources
Farmington Resource Area