

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
990'FSL, 1650'FWL Sec.21, T-24-N, R-5-W, NMPM

5. Lease Number
Jic.Contract #12
6. If Indian, All. or
Tribe Name
Jicarilla Apache
7. Unit Agreement Name
8. Well Name & Number
Jicarilla P #4
9. API Well No.
10. Field and Pool
Basin Ft Coal
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 type="checkbox"/> Notice of Intent	<input checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

11-12-92 MOL&RU.

11-13-92 Blow down. ND WH. NU BOP. TOOHH w/2 3/8" tbg. Set cmt ret @ 2034'. PT tbg 2000#. Sting into ret. Est inj rate. Cmt plug #1 w/80 squeezed under ret, 5 sx on top of ret. Spot 3 bbl 9# 50 vis mud 1939-1816'. Perf 2 holes @ 1850'. Set cmt ret @ 1780'. Est inj rate. PT csg 1000#, ok. Cmt plug #2 w/32 sx under ret, 20 sx on top of ret. TOC @ 1608'. TOOHH to 1558'. Spot 10 bbl 9# 50 vis mud 1558-1148'. Perf 2 holes @ 1175'. SD for weekend.

11-16-92 TIH w/cmt ret to 584', could not work past tight spot. Set ret. Attempt to est inj rate. Pump down tbg w/2 BW. Press up to 2000 psig, bled press off. TOOHH. TIH open ended to 584'. Cmt plug #3 w/68 sx cmt 584' - surface. Good cmt to surface. ND BOP. Cut off WH. Install dry hole marker. Released rig. Well plugged and abandoned.

NOTE: verified change on plug #3 w/E. Becher @ 10:55 am.

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

Signed [Signature] Title Regulatory Affairs Date 11/17/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 23 1992

AREA MANAGER

NMOOD