

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.Cont 110
2. Name of Operator Meridian Oil Inc.	6. If Indian, All.or Tribe Name
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. 1575'N, 1450'W Sec.19, T-26-N, R-5-W, NMPM	8. Well Name & Number Jicarilla J #4
	9. API Well No.
	10. Field and Pool S. Blanco Pic. Cliffs
	11. County and State Rio Arriba County, 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 type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

On June 27, 1990, an emergency workover was performed to isolate a casing failure in the subject well. The workover consisted of running 2 3/8", 6.4#, J-55 8rd EUE tubing and a 5 1/2" packer. Tubing was set @ 3030'. Packer set @ 2877'.

Permission is requested to evaluate the well for a period of 9 months.

RECEIVED

JUL 13 1990

THIS APPROVAL EXPIRES APR 01 1991

OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (CB) Title Regulatory Affairs Date 6-28-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITION OF APPROVAL, IF ANY:

TITLE

APPROVED

JUL 12 1990
[Signature]
AREA MANAGER