Submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM
92 SEP -4 PM 1:55
070 FARMINGTON, N.M.

Sundry Notices and Reports on Wells

1. **Type of Well**
GAS

5. **Lease Number**
Jic.Contract #108

6. **If Indian, All. or Tribe Name**
Jicarilla Apache

7. **Unit Agreement Name**

2. **Name of Operator**
Meridian Oil Inc.

8. **Well Name & Number**
Jicarilla G #15

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

9. **API Well No.**

4. **Location of Well, Footage, Sec., T, R, M**
1650'FNL, 1700'FEL Sec.14, T-26-N, R-5-W, NMPM

10. **Field and Pool**
S.Blanco Pic.Cliff

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	
___ Notice of Intent	_x_ Abandonment	___ Change of Plans
	___ Recompletion	___ New Construction
_x_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing
	___ Casing Repair	___ Water Shut off
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection
	___ Other -	

13. **Describe Proposed or Completed Operations**

09-02-92 MOL&RU. Blow down. ND WH. NU BOP. TOOH w/1 1/4" tbg. Set cmt ret @ 3506'. Test tbg, ok. Cmt plug #1 w/87 sx under retainer. Displace w/12 BW. Dump 6 sx on top of ret. TOOH. SDFN.

09-03-92 TIH, no go below 2929'. TIH w/scraper to 3350'. Circ hole. Perf @ 3350'. Set cmt ret @ 2898'. Est rate. Cmt plug #2 w/99 sx under ret. Displace w/10 BW. Dump 6 sx on top of ret. TOOH. Circ w/75 bbl 9# 50 vis mud. TIH perf 2 holes @ 1160'. Set cmt ret @ 1104'. Est rate. Cmt plug #3 w/55 sx under ret. Sting out of ret, pump 10 sx on top of ret. Perf 2 holes @ 155'. Est rate. Cmt plug #4 w/50 sx down 5 1/2" csg & out bradenhead. Returns 1 bbl. good cmt. SDFN.

09-04-92 Cut off WH. Install dry hole marker. Well is plugged & abandoned.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

Signed Peggy Bradfield Title Regulatory Affairs Date 9/4/92

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ APPROVED
CONDITION OF APPROVAL, if any:

SEP 14 1992

NMOCD

AREA MANAGER