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.Apache Cont#119

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

7. **Unit Agreement Name**

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

8. **Well Name & Number**
Jicarilla 119 N #1

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

9. **API Well No.**

4. **Location of Well, Footage,Sec,T,R,M.**
1650'S, 945'W Sec.8 , T-26-N, R-4-W, NMPM

10. **Field and Pool**
Tapacitos 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	
X Notice of Intent	__ Abandonment	__ Change of Plans
	__ Recompletion	__ New Construction
__ Subsequent Report	__ Plugging Back	__ Non-Routine Fracturing
	X Casing Repair	__ Water Shut Off
__ Final Abandonment	__ Altering Casing	__ Conversion to Injection
	__ Other	

13. **Describe Proposed or Completed Operations**

The casing failure will be repaired in the following manner:

MOL&RU. NDWH. NU BOP. TOOH w/packer and tbg. Set retrievable BP @ 3300'. Isolate failure @ ±30'. Squeeze repair failure w/cmt. Drill out and test to 400 psi (100 psi over SICP). Retrieve BP. Reset tbg and packer. ND BOP. NU WH. Rig down and release rig.

RECEIVED
APR 13 1990
OIL CON. DIV.
DIST. 3

APPROVED
APR 13 1990
Ken Townsend
FOR AREA MANAGER

14. I hereby certify that the foregoing is true and correct
Signed [signature] (CS) Title Regulatory Affairs Date 4-5-90

(This space for Federal or State office use)

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

NMOCD