

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

5. Lease Number

NM-03154

6. If Indian, All.or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Ballard #5

9. API Well No.

10. Field and Pool *Ballard*
~~Basin Fruitland Coal~~ *PC*

11. County and State
San Juan County, NM

1. Type of Well
GAS

2. Name of Operator
Meridian Oil Inc.

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

4. Location of Well, Footage, Sec, T, R, M.
~~NW1/4~~ Sec 14, T-26-N, R-9-W, NMPM
990'S, 790'E

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

☒ Notice of Intent

☐ Abandonment

☐ Change of Plans

☐ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut Off

☐ Altering Casing

☐ Conversion to Injection

☐ Other

13. Describe Proposed or Completed Operations

It is intended to do the following work:

MOL&RU. NU BOP and surface lines and test. Kill well w/1% KCl wtr as needed. PU 1" siphon string. PU 2 3/8", 4.7# workstring w/5 1/2" RTBP and packer assembly. Locate casing failure. Est. rate and squeeze w/50 sx (59 cu.ft.) of Class "B" neat cement w/2% calcium chloride. Hold 500 psi. WOC overnight. TOOH and PU bit. Drill out cmt. Test squeeze to 500#. TOOH. PU 1 1/4", 2.4# 8rd EUE tbq and set @ 2026'. ND BOP. Release rig.

RECEIVED

MAY 14 1990

OIL CON. DIV.
DIST. 3

APPROVED

MAY 09 1990

AREA MANAGER

14. I hereby certify that the foregoing is true and correct
Signed *Debra J. MacFauld* (CB) Title Regulatory Affairs Date 4-26-90

(This space for Federal or State office use)

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

NMCCD