

submitted in lieu of Form 3160-5

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

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

4. Location of Well, Footage, Sec., T, R, M
1450' FNL, 990' FEL, Sec. 3, T-26-N, R-9-W, NMPM

5. Lease Number
SF-078135

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Huerfanito Unit

8. Well Name & Number
Huerfanito Unit #19

9. API Well No.
30-045-06068

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan Co, NM

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 - Stimulate	

13. Describe Proposed or Completed Operations

9-16-96 MIRU. TIH to 2112'. Set plug in "S" nipple @ 2075'. TOOH. Load tbq w/wtr. PT tbq to 3000 psi, OK. TIH, knock out plug. TOOH. TOOH w/2 3/8" tbq. Perf Fruitland Coal w/2 SPF @ 1916-1922', 1940-1942', 1968-1970', 1974-1976', 2026-2028' w/28 0.48" diameter holes total.

9-17-96 TOOH. TIH w/5 1/2" straddle pkr, set @ 2112'. Attempt to PT tbq to 3000 psi. Failed. TOOH w/pkr. TIH w/straddle pkr, set @ 1890'. PT pkr to 3000 psi, OK. Acidize w/1100 gal 15% Hcl. TOOH w/pkr. TIH w/FB pkr, set @ 1850'. Load backside w/1% Kcl wtr. Pressure up to 300 psi. Frac Fruitland Coal w/68,450 gal 30# gel, 140,000# 20/40 Arizona sd, 787,000 SCF N2. SI for gel break.

9-18-96 Blow well & CO.

9-19-96 Blow well & CO. Release pkr, TOOH. TIH, blow well & CO.

9-20-96 Blow well & CO.

9-21-96 Blow well & CO. TOOH. TIH, ran after frac logs @ 1600-2112'. TOOH. TIH w/63 jts 2 3/8" 4.7# J-55 8RD EUE tbq, landed @ 2007'. ND BOP. NU WH. RD. Rig released.

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

Signed *Debra Shadwell* Title Regulatory Administrator Date 9/23/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

SEP 25 1996

NMOCD

FARMINGTON DISTRICT OFFICE
IV 25