

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

670 FARMINGTON, NM
SF-079519A

1. Type of Well
GAS

6. If Indian, All. or
Tribe Name

2. Name of Operator
MERIDIAN OIL

7. Unit Agreement Name

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

8. Well Name & Number
San Juan 28-5 U 14
9. API Well No.

4. Location of Well, Footage, Sec., T, R, M
1650' FNL, 990' FNL Sec. 20, T-28-N, R-5-W, NMPM

10. Field and Pool
Blanco Mesa Verde
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

☐ 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 Injectio

☒ Other - add pay

13. Describe Proposed or Completed Operations

It is intended to perforate and fracture stimulate the the following intervals of the Mesa Verde group. These zones were bypassed during original completion and are all located below the Huerfanito Bentonite @ 4212'. The tubing will be pulled from the well. A bridge plug will be set @ 5744' above the Point Lookout. Selected intervals from 5520-5704' will be perforated and fracture stimulated through tubing and a packer. A bridge plug will be set @ 5330'. Selected intervals from 4716-5293' will be perforated and fracture stimulated. The bridge plugs will be retrieved from the well, the tubing will be run back in the well, and the will returned to production.

RECEIVED

JAN 26 1994

OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Affairs Date 1/14/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

JAN 20 1994

DISTRICT MANAGER

NMOCD