

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 | 5. Lease Number
SF-080430 |
| 2. Name of Operator
MERIDIAN OIL | 6. If Indian, All. or
Tribe Name |
| 3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700 | 7. Unit Agreement Name |
| 4. Location of Well, Footage, Sec., T, R, M
890' FNL, 990' FEL, Sec. <u>18</u> , T-28-N, R-6-W, NMPM
<u>A</u> | 8. Well Name & Number
San Juan 28-6 Unit
San Juan 28-6 U #2 |
| | 9. API Well No.
30-039-07437 |
| | 10. Field and Pool
Blanco Mesaverde |
| | 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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input checked="" type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

It is intended to repair the casing in the subject well. A detailed procedure will be submitted by 1-15-96.

RECEIVED
NOV - 8 1995

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES JAN 15 1996

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

Signed [Signature] (ROS9) Title Regulatory Administrator Date 11/2/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 06 1995

DISTRICT MANAGER

NMOC