

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

94 JAN 19 AM 8:16

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
990'FNL, 990'FEL Sec.16, T-28-N, R-5-W, NMMPM
5. Lease Number
SF-079250
6. If Indian, All. or Tribe Name
7. Unit Agreement Name
San Juan 28-5 Unit
8. Well Name & Number
San Juan 28-5 U 16
9. API Well No.
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

- | | | |
|--|---|---|
| <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 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 Injectio |
| | <input checked="" type="checkbox"/> 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 @ 3822'. The tubing will be pulled from the well. A bridge plug will be set @ 5714' above the Point Lookout. Selected intervals from 5446-5701' will be perforated and fracture stimulated through tubing and a packer. A bridge plug will be set @ 5442'. Selected intervals from 4555-4725' 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

APPROVED

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

JAN 20 1994
DISTRICT MANAGER

NMOCD