

**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
2030' FNL, 885' FEL, Sec.14, T-28-N, R-5-W, NMPM

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 #97

9. API Well No.
30-039-21393

10. Field and Pool
Basin Dakota

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 Injection
	<input checked="" type="checkbox"/> Other - Pay add	

13. Describe Proposed or Completed Operations

It is intended to add pay to the Dakota formation of the subject well in the following manner:

MIRU. ND WH. NU BOP. Test BOP. TOOH with tubing. Pressure test casing to 1000 psi. Drill out below existing casing to just above base of Dakota. Selectively perforate casing above casing shoe. TIH with packer and frac string. Fracture stimulate Dakota (including open hole section) with sand and gelled water. Clean out to total depth after frac. Rerun tubing and return well to production.

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

Signed *Ray Bradfield* (SFL8) Title Regulatory Administrator Date 1/10/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JAN 17 1996

DISTRICT MANAGER