

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

1. Type of Well  
GAS

RECEIVED  
MAY 19 1994

2. Name of Operator  
MERIDIAN OIL

OIL CON. DIV.  
DIST. 3

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

4. Location of Well, Footage, Sec., T, R, M  
1715' FSL, 1545' FWL Sec. 13, T-28-N, R-5-W, NMPM

5. Lease Number  
SF-080516B  
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 211  
9. API Well No.  
30-039-25362  
10. Field and Pool  
Tapacito PC Ext/  
Basin Ft Coal  
11. County and State  
Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment

Type of Action

☐ Abandonment ☒ Change of Plans  
☐ Recompletion ☐ New Construction  
☐ Plugging Back ☐ Non-Routine Fracturing  
☐ Casing Repair ☐ Water Shut off  
☐ Altering Casing ☐ Conversion to Injectio  
☐ Other -

13. Describe Proposed or Completed Operations

The cement design on this well is changed from a two-stage production job to a foamed cement job. It is planned to complete this well rigless; therefore, no stage tools can be used. The tail slurry will be the same as in the original Operations Plan as submitted: 100 sx Class "B" w/2% calcium chloride and 0.25 pps cellophane flakes (15.6 ppg, 1.18 cu.ft./sx, 5.2 gal/sx).

The lead slurry will consist of: Class "B" cmt w/0.035 gal/sx foam stabilizer, 1.5% foaming agent, 2% calcium chloride and 0.25 pps cellophane flakes. This slurry will be foamed using 21,040 SCF of N2 to a 7.5 ppg weight. 439 sx of unfoamed slurry will be used (1140 cu.ft. of foamed slurry). This slurry should give a better bond strength than a Pozmix lead slurry.

Meridian Oil, as a prudent operator, recognizes the responsibility to test for cement job success. Any remedial work, if necessary, will be approved through the appropriate regulatory agency.

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

Signed [Signature] Title Regulatory Affairs Date 5/9/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

CONDITION OF APPROVAL, if any:

APPROVED

APR 16 1994

DISTRICT MANAGER