

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

APR 11 1994 1:00

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

1850' FSL, 985' FWL Sec. 25, T-28-N, R-5-W, NMPM

25
25

5. Lease Number

SF-079520A

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 230

9. API Well No.

30-039-25364

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

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 -

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 18,290 SCF of N2 to a 7.5 ppg weight. 376 sx of unfoamed slurry will be used (976 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

Date

APR 16 1994

[Signature]
DISTRICT MANAGER