submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

RECEIVED MAY 1 9 1994

OIL CON. DIV. DIST. 3

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
1505'FNL, 950'FEL Sec.20, T-28-N, R-4-W, NMPM

5. Lease Number
SF-079729

6. If Indian, All. or Tribe Name

7. Unit Agreement Name
San Juan 28-4 Unit

8. Well Name & Number
San Juan 28-4 U 17R

9. API Well No.
30-039-25381

10. Field and Pool
Choza Mesa PC Ext/ Basin Ft Coal

11. County and State
Rio Arriba Co, NM

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

Type of Submission	Type of Action	
_x_ Notice of Intent	___ Abandonment	_x_ Change of Plans
	___ Recompletion	___ New Construction
___ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing
	___ Casing Repair	___ Water Shut off
___ Final Abandonment	___ 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 16,460 SCF of N2 to a 7.5 ppg weight. 334 sx of unfoamed slurry will be used (876 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.

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

Signed _____ Title _Regulatory Affairs_ Date 5/9/94_____