

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 Inc.

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

4. Location of Well, Footage, Sec, T, R, M.
1650'N, 1650'E Sec. 28, T-28-N, R-8-W, NM PM

5. Lease Number
NM-13861

6. If Indian, All or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Grambling A #3

9. API Well No.

10. Field and Pool
Blanco Mesa Verde

11. County and State
San Juan County, NM

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

Type of Submission	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - Add Chacra and Commingle
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection

RECEIVED
NOV 4 1991
OIL-CON. DIV.
DIST. 3

13. Describe Proposed or Completed Operations

10-17-91 MOL&RU. Kill well w/25 bbl. 2% KCl wtr. ND WH. NU BOP. SDFN.
10-18-91 TOO H w/2 3/8" tbg. Set RBP @ 3240'. Dump 2 sx sand on top.
Load hole w/2% KCl wtr. PT 600#, ok. Ran GR-CCL 3226-2943'.
Perf 3168-85' w/2 spf. Set FBP @ 3118'. BD perf w/1000 gal.
7.5% HCl, stabilizer and inhibitor. Release FBP to 3215', pull
up to 3118'. Reset pkr.
10-19-91 Frac w/4000# 40/70 sand, 56,000# 20/40 sand, 350 BW, 700,000
scf N2. Flow to tank.
10-20-91 Flowing.
10-21-91 Flowed well. TOO H w/FBP. TIH, blowing down w/N2. Tag fill @
3200'. CO to 3220'. SI. SDFN.
10-22-91 CO to BP w/N2. Ran 146 jt 2 3/8", 4.7#, J-55 EUE tbg landed @
4535'. SN @ 4503'. ND BOP. NU WH. Released rig.

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

Signed Donna J. Duffield Title Regulatory Affairs Date 10-23-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY:

NMOCD