

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

SL AUG 24 PM 2:41

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
1650'FNL, 1800'FEL, Sec.17, T-28-N, R-8-W, NMPM

5. Lease Number
SF-078499
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Tapp #2
9. API Well No.
30-045-07461
10. Field and Pool
Blanco Mesaverde
11. County and State
San Juan 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
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other - Sidetrack workover
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut off
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to workover the subject well in the following manner:

TOOH w/tbg. If tbg is stuck, cut off tbg approximately 100' below csg shoe. Set cmt retainer near bottom of 7" csg. TIH w/2 3/8" tbg, CO. Sting into retainer. Test tbg to 2500 psi. Sting all the way through retainer, load backside w/wtr. PT to 500 psi. Squeeze open hole w/approximately 210 sx Class "B" cmt. Pull out of retainer. Spot cmt on top of retainer. Pull up one joint, reverse excess cmt out. Run CBL. Perf squeeze holes above TOC. Squeeze w/225 sx Class "B" cmt to 50' above Ojo Alamo. Drill to 10' below 7" csg shoe. Sidetrack using a downhole motor. Drill to approximately 4850'. Run a full string of 4 1/2", 10.5# K-55 csg and cmt w/235 sx Class "B" cmt. Anticipated TOC into 7". Selectively perf and frac the Mesaverde formation and return well to production.

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

Signed [Signature] (SW3) Title Regulatory Affairs Date 8/24/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

AUG 29 1994

DIST. MANAGER

NMOOD