UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells	1.0	
1. Type of Well GAS FEB 1 3 1995	5. iiii 6.	Lease Number NOG-0651-1131 If Indian, All. or Tribe Name Navajo Unit Agreement Name
2. Name of Operator OIL COM DIV. MERIDIAN OIL DISI: 3		- -
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700		Well Name & Number Jernigan #3 API Well No.
4. Location of Well, Footage, Sec., T, R, M 1990'FNL, 1100'FEL, Sec.24, T-27-N, R-9-W, NMPM		30-045-11609 Field and Pool Basin Dakota County and State San Juan Co, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT	, OTHER	DATA
X Subsequent Report Recompletion New C	outine E Shut of	cion Fracturing Ef
13. Describe Proposed or Completed Operations		
1-24-95 MIRU. ND WH. NU BOP. TOOH w/197 jts 2 3/8" tbg. Establish injection. SDON. 1-25-95 Load hole w/40 bbl wtr. PT csg to 500 psi, OK. pump 71 sx Class "B" cmt below cmt retainer @ "B" cmt above retainer to 6130'. TOOH. TIH, pe TIH w/5 1/2" cmt retainer, set @ 5449'. Estable Plug #2: pump 35 sx Class "B" cmt below cmt re Class "B" cmt @ 5352-5449'. TOOH to 3622'. Plu inside csg @ 3454-3622'. TOOH to 2046'. Plug # inside csg @ 1512-2046'. TOOH to 1290'. Plug # inside csg @ 1006-1290'. TOOH to 534'. Estable Plug #6: pump 56 sx Class "B" cmt down tbg. Cd valve. WOC. SDON. 1-26-95 ND BOP. Got wtr flow out 5 1/2" x 8 5/8" csg am Plug #7: pump 42 sx Class "B" cmt into 5 1/2" to 450 psi. SI bradenhead valve. WOC. SDON. 1-27-95 ND BOP. Cut off WH. Found cmt down 25' in csg am inside 5 1/2" csg and install dry hole marker plugged and abandoned 1-27-95.	Establis 6174-65 erf 4 sq lish inj etainer ug #3: p #4: pump #5: pump ish circ irc 1 bb nulus. E x 8 5/8	sh injection. Plug #1: 007'. Spot 5 sx Class gz holes @ 5505'. TOOH. ection into Gallup. @5405-5505'. Spot 11 sx nump 19 sx Class "B" cmt of 60 sx Class "B" cmt of 32 sx Class "B" cmt cout 5 1/2" csg valve. of cmt out 5 1/2" csg Establish injection. " annulus, pressured up filled w/3 sx cmt. Fill
14. I hereby certify that the foregoing is true and correct. Signed Signed State Aritle Regulatory Affairs	Date 2/	/2/95
(This space for Federal or State Office use) APPROVED BY	Date A	PPROVED

NMOCD

DISTRICT MANAGER