

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.
1550'S, 850'E, Sec.36, T-28-N, R-8-W, NMPM

5. Lease Number
NM-015150
6. If Indian, All.or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Blanco #18

9. API Well No.

10. Field and Pool
So. Blanco Pic. Cliffs

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 type="checkbox"/> Other - Repair Well
	<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

13. Describe Proposed or Completed Operations

It is proposed to repair a casing leak in the subject well by the following procedure:

TOOH w/tbg and pkr. Set a RBP above the Pictured Cliffs. Isolate and squeeze the leak in the 2 7/8" csg w/Clas "B" neat cmt. Drill out squeeze and PT to 500#. Pull RBP and TIH w/tbg. Return well to production.

RECEIVED
SEP 12 1991
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct.
Signed Debra M. Hulse (LS) Title Regulatory Affairs Date 08-27-91

(This space for Federal or State office use)

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

SEP 26 1991
DATE
FARMINGTON, NM 87401