

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator MERIDIAN OIL</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 2010' FSL, 1090' FWL Sec. 17, T-27-N, R-11-W, NMMPM</p> | <p>5. Lease Number NM-02988</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Whitley A #100</p> <p>9. API Well No. 30-045-</p> <p>10. Field and Pool Basin Ft Coal/ W. Kutz PC</p> <p>11. County and State San Juan Co, NM</p> |
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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 type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

06-28-93 TD 2099'. Ran 51 jts 4 1/2", 10.5#, K-55 csg, 2087' set @ 2099'. Cmt w/474 sx Class "B" 65/35 Poz w/2% calcium chloride and 0.25 pps flocele (839 cu.ft.), tail w/100 sx Class "B" w/2% calcium chloride (118 cu.ft.), circ 38 bbl cmt to surface. 3800 psi, ok.

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11
83
RECEIVED
JUL 6 1993
OIL CO. INC.
BLM

070 FARMINGTON, NM

93 JUL -1 PM 3:54

RECEIVED
BLM

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

Signed *[Signature]* Title Regulatory Affairs Date 6/29/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

FARMINGTON DISTRICT OFFICE
[Signature]

NMOC