

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

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

4. Location of Well, Footage, Sec., T, R, M
1545'FSL, 1270'FEL Sec.36, T-27-N, R-9-W, NMPM

5. Lease Number
NO-G-0651-1134
6. If Indian, All. or
Tribe Name
Navajo
7. Unit Agreement Name
Huerfanito Unit
8. Well Name & Number
Huerfanito Unit #78M
9. API Well No.
30-045-28971
10. Field and Pool
Blanco MV/Basin Dk
11. County and State
San Juan Co, NM

RECEIVED
AUG - 5 1993
OIL CON. DIV.
DIST. 3

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 -
	<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

07-21-93 TD 6678'. Ran 157 jts 4 1/2", 11.6#, N-80 8rd LT&C csg, 6663' set @ 6676'. Cmt first stage w/341 sx Class "G" 65/35 Poz w/2% calcium chloride, 6% gel and 0.25 pps celloflake (604 cu.ft.), tail w/100 sx Class "G" w/2% calcium chloride (118 cu.ft.), circ 14 bbl cmt to surface. Cement second stage w/724 sx Class "G" 65/35 Poz w/2% calcium chloride, 6% gel and 0.25 pps celloflake (1281 cu.ft.), tail w/100 sx w/2% calcium chloride (116 cu.ft.). Circ 20 bbl cmt to surface. Did not cmt third stage, stage tool would not work. PT 3800 psi.

RECEIVED
BLM
93 JUL 23 AM 9:02
070 FARMINGTON, NM

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

Signed [Signature] Title Regulatory Affairs Date 7/22/93

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ ACCEPTED FOR RECORD Date _____
CONDITION OF APPROVAL, if any:

AUG 03 1993

FARMINGTON DISTRICT OFFICE
Smn

NMOCD