

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

| | |
|---|---|
| 1. Type of Well GAS | 5. Lease Number SF-078596 |
| 2. Name of Operator MERIDIAN OIL | 6. If Indian, All. or Tribe Name |
| 3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 | 7. Unit Agreement Name |
| 4. Location of Well, Footage, Sec., T, R, M 955'FNL, 1690'FEL Sec.3, T-29-N, R-8-W, NMPM | 8. Well Name & Number Howell C #201 |
| | 9. API Well No. 30-045-29108 |
| | 10. Field and Pool Basin Ft Coal |
| | 11. County and State San Juan Co, NM |

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 Injectio |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

06-23-94 TD 2690'. Ran 60 jts 7", 20.0#, K-55 ST&C csg set @ 2690'. Guide shoe set @ 2690'. Cmt'd w/590 sx Class "G" 65/35 Poz w/6% gel, 2% calcium chloride, and 0.25 pps flocele (590 cu.ft.), tail w/100 sx Class "G" neat w/2% calcium chloride (118 cu.ft.). Circ 20 bbl cmt to surface. PT 7" 1500 psi, ok.

RECEIVED
JUL 25 1994
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
94 JUL 20 AM 10:54
070 FARMINGTON, NM

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

Signed Danny Seal Title Regulatory Affairs Date 7/19/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

Chip Harada
FARMINGTON DISTRICT OFFICE

RM000