

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-077764	6. If Indian, All.or Tribe Name
2. Operator Meridian Oil Inc.	7. Unit Agreement Name	
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499	8. Farm or Lease Name Schumacher	
4. Location of Well 990'N, 990'E	9. Well No. 6	
	10. Field, Pool, Wildcat Basin Fruitland Coal	
	11. Sec. T. R. M. or Blk Sec. 18, T-30-N, R-10-W NMMPM	
14. Permit No.	15. Elevations 6313' GL	12. County San Juan
		13. State NM
16. Intent to/Subsequent Report of :Re-Complete to Fruitland Coal		
17. Describe proposed or completed operations:		
09-21-89 Mol ru. Kill PC w/wtr. Tooh w/1" tbg. Observe holes & scale build up on tbg. Nu BOP.		
09-22-89 Rd 5 1/2" swedge tree. Nu BOP. Pu & Tih w/csg scraper on 2 3/8" tbg. Tooh w/tbg & scraper. Tih w/pkr, set @ 2862'. Pressure tested csg & tbg to 2500 psi for 30 min-ok. Tooh w/pkr. Ru WL & ran GR-Neutron CCL. Tih w/cmt ret, set @ 2852', unable to get off ret. Pull out of rope socket @ 4000#. Tih w/os sized for 2.31" fish neck. Tag fish. Pull off sheer stud @ 35,000# over string wt. Tooh w/set tool. Press test cmt ret to 1000 psi -ok. Tih w/stinger on 2 7/8" tbg. Ru & circ top of ret w/wtr. Sting into ret. Mixed & pumped 30 sx cmt. Final pressure @ 400 psi. Sting out & rev circ good cmt. Tooh w/tbg & stinger.		
09-25-89 Tih w/2 3/8" tbg, set @ 2848'. Ru & circ clean w/wtr. Spot 150 gals acid. Pooh w/2 3/8" tbg. Ru WL & Perf'd from 2675-2846'. RU & Frac'd. Shut in to allow gels to break. Open to pit thru 3/4" adj choke. Flow overnight.		
09-26-89 Tih w/2 3/8" tbg, sn on btm jt. Ru & swabbed down. Blow after swab. Gauged thru 1" @ 40 mcf. Ld 2 3/8" tbg. Nd bop. Nu WH. Pu & rih w/1 1/4" tbg, landed @ 2835.06', sn @ 2809.12'. Rig Released.		
18. Authorized by: <u>[Signature]</u> Regulatory Affairs		<u>12-15-89</u> Date

NOTE: This format is issued in lieu of US BLM Form 3160-5

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(This space for Federal or State office use)

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