

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.
1100'S, 1060'W Sec.23, T-31-N, R-9-W, NMPM

5. Lease Number
SF-078505

6. If Indian, All.or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Seymour #5

9. API Well No.

10. Field and Pool
Blanco Mesa Verde

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

A workover was concluded 9-14-91 to clean out fill from across the Lower Point Lookout perforations. There was 102' of fill to PBTD of 5681'. Only 2' of fill was removed to 5571' due to tight hole conditions @ 5569'. The tbg was rerun and landed @ 5561'. The well will be swabbed back into production.

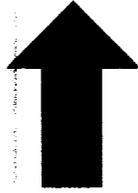
A notice of intent was not filed prior to moving on location as it was not intended to change the wellbore configuration.

RECEIVED
OCT 16 1991
BLM CON. DIV.
DIST. 13

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (DM) Title Regulatory Affairs Date 09-30-91

(This space for Federal or State office use)

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



LTR



Job separation sheet

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator MERIDIAN OIL INC.	Well APN No.
Address P. O. Box 4289, Farmington, New Mexico 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Chasinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Union Texas Petroleum Corporation, P. O. Box 2120, Houston, TX 77252-2120	

Effect. 6-23-90

II. DESCRIPTION OF WELL AND LEASE

Lease Name SEYMOUR	Well No. 5	Pool Name, Including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee	Lease No. SF078505
Location Unit Letter M : 1100 Foot From The S Line and 1060 Foot From The W Line Section 23 Township 31N Range 09W , NMPM , SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Meridian Oil Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Chasinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Union Texas Petroleum Corp.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2120, Houston, TX 77252-2120	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF/D

RECEIVED
JUL 3 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

ON CON. I
DIST

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Leslie Kahwajy
Signature
Leslie Kahwajy Prod. Serv. Supervisor
Printed Name
6/15/90 (505)326-9700
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 03 1990**
By *[Signature]*
SUPERVISOR DISTRICT #3
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.