

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
990'FNL, 990'FEL Sec.9, T-31-N, R-9-W, NMPM

5. Lease Number
SF-080376
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 32-9 Unit
8. Well Name & Number
San Juan 32-9 U #14
9. API Well No.
10. Field and Pool
Blanco Mesa Verde
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 checked="" 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 checked="" type="checkbox"/> Other - sidetrack workover	

13. Describe Proposed or Completed Operations

It is intended to workover the subject well in the following manner:

TOOH w/tbg. If tbg is stuck, cut off tbg approximately 100' below csg shoe. Set cmt ret near bottom of 7" csg. TIH w/2 3/8" tbg, CO. Sting into ret. Test tbg to 2500 psi. Sting all the way through ret, load backside w/wtr. PT 500 psi. Squeeze open hole w/cmt. Pull out of ret. Spot cmt on top of ret. Pull up one joint, reverse excess cmt out. Run CBL. Perf squeeze hole above TOC. Squeeze cmt to 50' above Ojo Alamo. Drl to 10' below 7" csg shoe. Sidetrack using a downhole motor. Drill to approximately 6150'. Run a full string of 4 1/2" csg and cmt. Selectively perf and frac the Mesa Verde formation and return well to production.

RECEIVED
NOV 22 1993

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

Signed [Signature] (JK) Title Regulatory Affairs

Date 11/12/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 16 1993
DISTRICT MANAGER

NMOCD