

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM MAIL ROOM

Sundry Notices and Reports on Wells

95 NOV - 3 AM 7:58

070 FARMINGTON, NM

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  
1525' FSL, 1100' FEL, Sec.15, T-30-N, R-10-W, NMPM

5. Lease Number  
SF-078125  
6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Sunray A #1A

9. API Well No.  
30-045-22527

10. Field and Pool  
Blanco Mesaverde

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 Injection
	<input checked="" type="checkbox"/> Other - Tubing repair	

13. Describe Proposed or Completed Operations

10-25-95 MIRU. ND WH. NU BOP. SDON.  
10-26-95 TOOH w/60 jts tbq. SDON.  
10-27-95 TOOH w/40 jts tbq. TIH w/gauge ring, set choke in tbq. TOOH w/retrievable choke. TIH w/scraper to 5711'. Blow well clean. TOOH. SDON.  
10-28-95 TIH w/RBP, set @ 4450'. TIH w/retrieving too to 4430'. Roll hole w/2% Kcl wtr. PT csg to 750 psi, OK. Latch RBP, TOOH. TIH w/182 jts 2 3/8" 4.7# J-55 tbq, landed @ 5680'. ND BOP. NU WH. Blow well & CO. SDON.  
10-29-95 Blow well & CO. RD. Rig released.

RECEIVED  
NOV - 8 1995  
OIL CO. 227  
DDE 3

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

Signed [Signature] Title Regulatory Administrator Date 10/31/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

NOV 06 1995

NMOCD

FARMINGTON DISTRICT OFFICE  
BY [Signature]