

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

OCT 17 1990

Sundry Notices and Reports on Wells

OIL CON. DIV. 1

1. Type of Well
GAS

RECEIVED
OCT 17 1990

5. Lease Number SF-078212
If Indian, All.or
Tribe Name

2. Name of Operator
Meridian Oil Inc.

OIL CON. DIV. 1
DIST. 3

7. Unit Agreement Name

3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number
McCord #14
9. API Well No.

4. Location of Well, Footage, Sec, T, R, M.
1520'N, 1670'W Sec.3, T-30-N, R-13-W, NMPM

10. Field and Pool
Basin Dakota
11. County and State
San Juan County, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment

Type of Action

☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut Off
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

The following work was completed on the referenced well:

MOL&RU. TOOH w/tbg. TIH w/4 1/2" cmt retainer set @ 6260'. PT csg to 1000#, ok. Stung back into retainer. Pumped 30 sx Class "B" cmt under retainer. Circ hole w/9 ppg 50 sec/qt mud. Spotted 15 sx plug from 5525-5395'. spotted 15 sx plug from 3448-3318'. Spotted 15 sx plug from 1863-1733'. Spotted 15 sx plug from 1425-1295'. Set tbg @ 395' & circ cmt to surface. Cut off csg head & install dry hole marker. Released rig.

Approved as to plugging of well
Liability under bond for
surface restoration is hereby

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

Signed Ken Townsend Title Regulatory Affairs APPROVAL - 92

(This space for Federal or State office use)

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

OCT 12 1990
DATE

Ken Townsend
AREA MANAGER

FOR

NMOOD