

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
930' FSL, 977' FEL, Sec. 21, T-30-N, R-13-W, NMPM

5. Lease Number
SF-078214

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
McCord #9E

9. API Well No.
30-045-26021

10. Field and Pool
Basin Dakota

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 checked="" type="checkbox"/> Abandonment	<input checked="" 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

It is proposed to follow the originally approved plug and abandonment procedure of the subject well through Step #6 but to modify Step #7 in the following manner:

A CIBP will be set at 1483', which is the base of the proposed Pictured Cliffs plug. The wellbore will then be perforated from 1380-1386' and a water injection/falloff test performed. It is then intended to increase the amount of cement of Plug #4 (Step #7) to 41 sx of cement to include 100% excess volume across the perforated interval. It is then intended to follow the remaining portion of the plug and abandon procedure as originally approved.

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

Signed [Signature] (KASFTC) Title Regulatory Administrator Date 1/4/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JAN 09 1996

DISTRICT MANAGER

NMOCD