

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
FEB 11 1996

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
1415' FSL, 915' FWL, Sec. 24, 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 #722
- 9. API Well No.
30-045-28093
- 10. Field and Pool
Basin Fruitland Coal
- 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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other - Recavitate |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

- 1-18-96 MIRU. ND WH. NU BOP. PT BOP to 2500 psi/30 min, OK. TOOH w/92 jts 2 3/8" tbg. TIH w/mill.
- 1-19-96 Mill 5' of lnr hanger, TOOH. TIH w/spear, TOOH w/spear & 5 jts 5 1/2" lnr.
- 1-20-96 TOOH w/2 jts 5 1/2" lnr. TIH w/underreamer. Underream @ 2723-2956'. Blow well clean. TOOH. TIH, blow well & CO.
- 1-21/31-96 Blow well & CO.
- 2-1/2-96 Blow well & CO.
- 2-3-96 Blow well & CO. TOOH. TIH w/92 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 2923'. ND BOP. NU WH. RD. Rig released.

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FARMINGTON DISTRICT OFFICE

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

Signed [Signature] Title Regulatory Administrator Date 2/5/96

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

FEB 08 1996

NMOCD

FARMINGTON DISTRICT OFFICE
RY [Signature]