

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
1450'FNL, 965'FEL Sec.15, T-31-N, R-9-W, NMPM

5. Lease Number
SF-078386

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 #6R

9. API Well No.
30-045-

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 type="checkbox"/> Notice of Intent	<input checked="" 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 type="checkbox"/> Other -
	<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

06-30-93 TOOH. LD fishing tools. Drl DV tool, float & shoe. CO to 3500'.
TOOH LDDC. Circ & cond Spot 300 sx Class "B" neat cmt w/2%
calcium chloride 3496-2984'.

07-01-93 Cmt plug 3494-2984'. TOOH LDDP. Set cmt ret @ 1914', would not
circ. TOOH. Perf 2 holes @ 1892'. Set cmt ret @ 1882'. Sting out
ret, pump 28 bbl Class "B" neat w/2% calcium chloride, plug back
from 1882' to 1732'. LDDP. TIH to 496'. Pump 252 sx Class "B"
neat w/2% calcium chloride, circ 12 bbl to surface. Released
rig. Well plugged & abandoned.

Approved as to plugging of the well by
Bureau of Land Management, NM

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

Signed *[Signature]* Title Regulatory Affairs Date 7/1/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

NMOCD