

submitted in lieu of Form 3160-5

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, 790' FWL, Sec. 9, T-31-N, R-9-W, NMPM

5. Lease Number
SF-080376
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 #15A
9. API Well No.
30-045-29279
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 -	

13. Describe Proposed or Completed Operations

11-10-95 Drill to intermediate TD @ 3852'. Circ hole clean. TOOH. TIH w/85 jts 7" 20# K-55 STC csg, set @ 3852'. Cmdt first stage w/45 sx Class "B" neat cmt 2% calcium chloride, 10 pps Gilsonite, 0.25 pps Flocele (53 cu.ft.). Cmt did not circ to surface. Stage tool set @ 3531'. Cmdt second stage w/560 sx Class "B" 65/35 poz w/35% Pozmix A, 6% Bentonite, 2% calcium chloride, 0.25 pps Flocele, 5 pps Gilsonite (991 cu.ft.). Tailed w/50 sx Class "B" neat cmt w/2% calcium chloride, 10 pps Gilsonite, 0.25 pps Flocele (59 cu.ft.). Circ 12 bbl cmt to surface. WOC.
11-11-95 PT csg to 1500 psi/15 min, OK. Drilling ahead.

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

Signed [Signature] Title Regulatory Administrator Date 11/13/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

NOV 28 1995

FARMINGTON DISTRICT OFFICE

BY [Signature]

NMCCD