submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
JUN 7 1993
OIL CON. DIV.
DIST. 3

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**
790'FSL, 1750'FEL Sec.11, T-31-N, R-10-W, NMPM

5. **Lease Number**
SF-078389A

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 #44A

9. **API Well No.**
30-045-28940

10. **Field and Pool**
Blanco Mesa Verde

11. **County and State**
San Juan Co, NM

93 MAY 28 PM 2:22
070 FARMINGTON, NM

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

Type of Submission	Type of Action		
___ Notice of Intent	___ Abandonment	___ Change of Plans	
	___ Recompletion	___ New Construction	
_x_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing	
	___ Casing Repair	___ Water Shut off	
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection	
	___ Other -		

13. **Describe Proposed or Completed Operations**

05-12-93 TD ~~3448~~ 3448'. Ran 81 jts 7", 20#, K-55 csg, 3437' set @ 3448'. Cmt w/124 sx Class "B" 65/35 Poz w/2% calcium chloride, 6% gel, 6% gilsonite (219 cu.ft.), tail w/100 sx Class "B" w/2% calcium chloride and 6% gilsonite (118 cu.ft.). Lost all returns. TIH, drl cmt. PT 1450#/30 min, ok. Drl to 2631'. PT @ 2631', full returns up backside. Drl to 3190'.

05-13-93 Drl cmt to 3414'. Set CIBP @ 2660'. Set FBP @ 2630'. PT plug 2000#, ok. Set pkr @ 2614'. Set external casing packer @ . Set pkr @ 2385' (229' above DV tool). Cmt w/307 sx Class "B" 65/35 Poz w/2% calcium chloride, 6% gel, 0.25# celloflake, (543 cu.ft.), tail w/100 sx Class "B" w/2% calcium chloride (118 cu.ft.). Circ 5.5 bbl. cmt.

05-17-93 TD 5740'. Ran 61 jts 4 1/2", 10.5#, K-55 casing liner, 2555' set @ 5740'. Cemented w/227 sx Class "B" 65/35 Poz w/2% calcium chloride, 6% gel, 5#/sx gilsonite, 0.25#/sx celloflake (402 cu.ft.), tail w/100 sx Class "B" w/2% calcium chloride (118 cu.ft.). Circ 4 bbl cmt.

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

Signed Peggy Bradfield Title Regulatory Affairs Date 05/25/93

ACCEPTED FOR RECORD

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

JUN 03 1993

NMOCD

FARMINGTON DISTRICT OFFICE
BY SMM