

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator MERIDIAN OIL</p> <hr/> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 995'FSL, 2335'FWL Sec.15, T-32-N, R-7-W, NMPM</p>	<p>5. Lease Number SF-078459B</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Allison Unit</p> <p>8. Well Name &amp; Number Allison Unit #16R</p> <p>9. API Well No. 30-045-28986</p> <p>10. Field and Pool Blanco Mesa Verde</p> <p>11. County and State San Juan Co, NM</p>
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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

08-15-93 TD 4035'. Ran 94 jts 7", 20.0#, K-55 ST&C csg, 4024' set @ 4034'. Stage tool @ 3273'. Cmt first stage w/51 sx Class "B" 65/35 Poz w/2% calcium chloride, 6% gel, 3 pps gilsonite, and 0.25 pps flocele (90 cu.ft.). Cmt 2nd stage w/538 sx Class "B" 65/35 Poz w/2% calcium chloride, 6% gel, 3 pps gilsonite, 0.25 pps flocele (952 cu.ft.). Circ 30 bbl cmt to surface. PT 1500 psi, ok.

**RECEIVED**  
AUG 23 1993  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
93 AUG 17 PM 3:47  
070 FARMINGTON, NM

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

Signed *[Signature]* Title Regulatory Affairs Date 8/16/93

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

COPIED FOR RECORD

SEP 1 1993

FARMINGTON DISTRICT OFFICE  
*[Signature]*

NMOCD