

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
1650'FSL, 890'FEL, Sec.17, T-24-N, R-6-W, NMPM

5. Lease Number

SE-078886

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Canyon Largo Unit

8. Well Name & Number

Canyon Largo U #91

9. API Well No.

30-039-05462

10. Field and Pool

Ballard Pictured Cliffs

11. County and State

Rio Arriba 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 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

12-15-94 MIRU. ND WH. NU BOP. Csg stuck. SDON.
12-16-94 TOOH.. TIH w/mill to mill BP @ 472'. Milled through BP. Push PT to 817'.
TOOH. SDON.
12-17-94 TIH. Pushed BP to bottom. TOOH. TIH to 2167'. Establish circ. Plug #1:
pump 8 sx Class "B" cmt. TOOH. SDON.
12-20-94 Tag cmt @ 1867'. Perf 2 sqz holes @ 1691'. Set cmt retainer @ 1649'.
12-21-94 Perf 2 sqz holes @ 1542'. Set cmt retainer @ 1485'. Unable to inject into
perfs. (Received verbal approval from Herman Lujan to chg plans). Plug #2:
Pump 8 sx Class "B" cmt @ 1313-1485'. TOOH. Perf 2 sqz holes @ 203'. Plug
#3: pump 90 sx Class "B" cmt down csg and out bradenhead. Circ 1 bbl cmt
to surface. ND BOP. Cut off WH. Install dry hole marker w/10 sx cmt. RD.
Well plugged & abandoned 12-21-94.

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

Signed Debra Bradfield Title Regulatory Affairs Date 12/29/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JAN 06 1995

Chip Karraden
for DISTRICT MANAGER