

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

990'FNL, 990'FWL, Sec.12, T-25-N, R-6-W, NMPM

5. Lease Number

SF-078884

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

Canyon Largo Unit

8. Well Name & Number

Canyon Largo U #34

9. API Well No.

30-039-06116

10. Field and Pool

So Blanco Pict.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

11-10-94 MIRU. ND WH. NU BOP. SDON.

11-11-94 TOOH w/90 jts 1 1/4" tbg. TIH w/5 1/2" cmt retainer, set @ 2350'. Load hole w/40 bbl wtr. PT csg @ 500 psi, OK. Sting into retainer. Establish circ. Plug #1: pump 22 sx Class "B" cmt below cmt retainer and 71 sx Class "B" cmt above cmt retainer inside 5 1/2" csg to 2225'. TOOH to 765'. Perf 5 sqz holes @ 762'. Could not establish circ. Set cmt retainer @ 712'. Plug #2: pumped 35 sx Class "B" cmt below cmt retainer and 11 sx Class "B" cmt above cmt retainer to 612' inside csg. TOOH to 160'. Perf 2 sqz holes @ 155'. Establish circ down csg and out bradenhead. Plug #3: pump 59 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt out bradenhead. SI. WOC.

11-14-94 ND BOP. Cut off WH. Install dry hole marker w/10 sx cmt. RD. Well plugged and abandoned 11-14-94.

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

Signed Debra J. Shaad Title Regulatory Affairs Date 11/17/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 27 1994

DISTRICT MANAGER