UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number
SF-078879

6. If Indian, All. or Tribe Name

7. Unit Agreement Name
Canyon Largo Unit

2. Name of Operator
Meridian Oil Inc.

8. Well Name & Number
Canyon Largo U #192

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

9. API Well No.

4. Location of Well, Footage, Sec., T, R, M
1470'FNL, 1710'FEL Sec.24, T-25-N, R-7-W, NMPM

10. Field and Pool
Ballard Pic.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	
___ Notice of Intent	_X_ 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

04-03-92 MOL&RU. Blew down. Kill w/wtr. ND WH. NU BOP. TOOH w/tbg & pkr. TIH to 2842'. Cmt plug 2842-1900' w/30 sx Class "B" neat cmt. Displace w/2 BW. SD for weekend.

04-06-92 Tag cmt @ 2290'. Circ w/6 BW. Cmt plug #2 2290-1300' w/27 sx Class "B" neat w/2% calcium chloride. Displace w/2 bbl. Pull to 1361', reverse circ clean. TOOH. WOC. TIH, TOC @ 1397'. Approval f/L.Bixler for change. Perf 2 holes @ 1300'. Cmt plug #3 1300-1100' w/34 sx Class "B" cmt outside csg, then 1300-181' w/31 sx Class "B" cmt inside csg, all cmt w/2% calcium chloride. WOC. PT csg, no hold. TIH, tag TOC @ 334'. Perf 2 holes # 181'. Circ out bradenhead. Cmt plug #4 181-surface w/55 sx Class "B" cmt. Squeeze 5 sx 181-334'. WOC. Cut off WH. Released rig.

Approved as to plugging of the well bore. Liability under bond is retained until surface restoration is completed.

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

Signed [signature] Title Regulatory Affairs Date 4-9-92

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

APPROVED
APR 17 1992
AREA MANAGER

NMOCD