

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
JAN 20 1995

Sundry Notices and Reports on Wells

OIL CON. DIV.
BUREAU

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

940'FSL, 1040'FEL, Sec.30, T-25-N, R-6-W, NMPM

5. Lease Number

SF-078875

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

Canyon Largo Unit

8. Well Name & Number

Canyon Largo U #46

9. API Well No.

30-039-05777

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

☐ Notice of Intent

☒ Abandonment

☐ Change of Plans

☒ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☐ Other -

13. Describe Proposed or Completed Operations

1-4-95 MIRU. ND WH. NU BOP. POOH w/82 jts 1 1/4" tbq. SDON.

1-5-95 TIH w/cmt retainer, set @ 2541'. Plug #1: pump 27 sx Class "B" cmt below retainer, and 29 sx above retainer. PT csg, tested bad. Leak seems to be in bradenhead. Perf 2 sqz holes @ 2067'. TIH w/cmt retainer, set @ 2023'. Could not establish injection. (Received verbal approval to chg plans). Plug #2: pump 7 sx Class "B" cmt @ 1967-2023'. SDON.

1-9-95 TIH w/scraper to 1780'. Could not go deeper. (Received verbal permission from Wayne Townsend to chg plans). Perfd 2 sqz holes @ 1740'. TIH w/cmt retainer, set @ 1707'. Plug #3: pump 25 sx Class "B" cmt below retainer and 18 sx Class "B" cmt above cmt retainer. POOH. Perfd 2 sqz holes @ 345'. Established circ. Plug #4: pump 168 sx Class "B" cmt down csg and out bradenhead. Circ 1 bbl cmt to surface. ND BOP. Cut off WH. Installed dry hole marker w/10 sx cmt. RD. Well plugged and abandoned 1-9-95.

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

Signed [Signature] Title Regulatory Affairs Date 1/10/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NMOCD

JAN 17 1995

DISTRICT MANAGER