

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

95 MAY 17 PM 3:00

070 FARMINGTON, NM

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
1160' FNL, 810' FEL, Sec. 26, T-26-N, R-6-W, NMPM

5. Lease Number
SF-079266
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Vaughn #8
9. API Well No.
30-039-20151
10. Field and Pool
Blanco MV/Basin DK
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 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 - Workover	

13. Describe Proposed or Completed Operations

5-1-95 MIRU. ND WH. NU BOP. SDON.
5-2-95 TOO H w/174 jts 2 3/8" tbg & 4 1/2" pkr. SDON.
5-3-95 TIH w/RBP, set @ 3088'. Tried to PT, failed. TOO H, packoff rubbers cut.
SDON.
5-4-95 TIH to 3088'. PT RBP. failed. TOO H w/RBP. Replace RBP, TIH to 5100'. PT RBP,
failed. TOO H to 4400'. Pkr leaking. TOO H w/RBP. TIH w/Model R3 FB pkr, set
@ 5146'. Landed 2 3/8" 4.7# J-55 tbg @ 5429'. ND BOP. NU WH. RD. Rig
released.

RECEIVED
JUN - 7 1995
OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Affairs Date 5/15/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 02 1995

NMOCD

FARMINGTON DISTRICT OFFICE
BY [Signature]