submitted in lieu of Form 3160-5

UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	/	
Sundry Notices and Reports on Wells		The state of the s
	5.	Torge Number
	٥.	Lease Number
m of Woll	6.	If Indian, All. dr.
. Type of Well	0.	Tribe Name
GAS		Tribe Name
	7.	Unit Bancoment Name
Warran of Orangham	, .	Unit Agreement Name
Name of Operator		
MERIDIAN OIL	•	
	8.	
. Address & Phone No. of Operator	_	Klein #20
PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	
		30-039-20651
. Location of Well, Footage, Sec., T, R, M	10.	Field and Pool
940'FSL, 1600'FWL, Sec.30, T-26-N, R-6-W, NMPM		Otero Chacra
	11.	County and State
		Rio Arriba Co, NM
2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REP	ORT, OTHER	DATA
Type of Submission Type of Action		
Notice of Intent V Abandanment Ch	ange of Pla	ans
	w Construc	
X Subsequent Report Plugging Back No	n-Routine	Fracturing
Subsequent Report Hagging Back No	ter Shut o	
Casing Repair Wa Final Abandonment Altering Casing Co		
Other -	iiverbron e	5 111,0001011
Other		
3. Describe Proposed or Completed Operations		
5. Describe Proposed of Completed Operations		
5-1-95 MIRU. ND WH. NU BOP. TIH to 3187', unable to	an deener.	POOH to 3172'.
Establish circ. Plug #1: pump 27 sx Class	"B" cmt in	side csg @ 2192-3172'
TOOH. SDON.	b chic in.	,rae ebg e 2132 e172
5-2-95 TIH, tag cmt @ 2240'. Plug #2: pump 25 sx Cla	ee "B" cmt	down the into esa
@ 1333-2240'. TOOH to 1359'. Reverse circ		
qauge ring, tag cmt @ 1365'. TOOH. TIH w/B		
Replaced WH. RD. Rig released. Well plugged	a and apand	ioned 5-2-95.
Mall laft an auton well for sunface arman		et s Mag
Well left as water well for surface owner.		
		1 + 1 = 1
		MAY 1 S foot
		F O 19/2/
		161911 BOWN "
		Oùl Contain
		Disc. 8
	A.	en er in the
4. I hereby certify that the foregoing is true and corre	CT.	. .
1 /aka Draw a land	Dot	/4/95
igned Signey Will full Title Regulatory Affairs	Date 5	/ 4 / 95
This area for Fodoval as Chats Office was		
This space for Federal or State Office use)	D=+-	
PPROVED BYTitle	Date _	
ONDITION OF APPROVAL, if any:		
		PROVED
	A D)	a D A V E U