

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1600'S, 1710'W Sec.24, T-25-N, R-7-W, NMPM</p> <hr/>	<p>5. Lease Number SF-078879</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name Canyon Largo Unit</p> <p>8. Well Name & Number Canyon Largo Unit #193</p> <p>9. API Well No.</p> <p>10. Field and Pool Ballard Pictured Cliffs</p> <p>11. County and State Rio Arriba County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 checked="" 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

It is intended to repair a casing leak in the subject well in the following manner:

MOL&RU. TOOH w/tbg & pkr. Set RBP above the Pictured Cliffs. Isolate and squeeze the leak in the 2 7/8" csg w/Class "B" neat cmt. Drill out squeeze and PT to 400#. Pull RBP and TIH w/tbg & pkr. Release rig. Return well to production.

RECEIVED
OCT 27 1991
OIL CON. DIV.
DIST. 3

OCT 27 PM 2:43
BUREAU OF LAND MANAGEMENT
SANDIA

14. I hereby certify that the foregoing is true and correct
Signed Peggy Shallick (LS) Title Regulatory Affairs Date 11-27-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: