

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

NOV -2 11:12:44
COTTONWOOD, 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
1650'FNL, 1651'FEL Sec.26, T-25-N, R-7-W, NMPM

5. Lease Number
SF-078878

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Canyon Largo Unit

8. Well Name & Number
Canyon Largo U 195

9. API Well No.

10. Field and Pool
Ballard PC

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 checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

10-29-93 MOL&RU. Set cmt ret @ 2297'. PT tbg 1000#. Est inj rate. Spot 26 sx Class "B" below ret. Pull out of ret. Load hole w/wtr. PT csg 500#, small leak. Spot 26 sx Class "B" 2297-1340'. PT csg 500#, ok. Spot 26 sx Class "B" 1340-385'. TOOH. Perf 2 holes @ 385'. Pump down csg w/20 BW. Spot 114 sx Class "B", pump down csg and returned 1 bbl good cmt out bradenhead. ND BOP. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

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

RECEIVED
NOV 5 1993
OIL CON. DIV.
DIST. 3

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

Signed *[Signature]* Title Regulatory Affairs Date 11/1/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

APPROVED

NOV 03 1993
[Signature]
DISTRICT MANAGER