

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

1. Type of Well
GAS

RECEIVED
NOV 12 1993

2. Name of Operator
MERIDIAN OIL

OIL CON. DIV.
DIST. 3

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, 1020'FWL Sec.29, 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 209
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

11-02-93 MOL&RU. Try to set cmt ret @ 2400', would not set.
11-03-93 Set cmt ret @ 2394'. Est inj rate. Spot 17 sx Class "B" below
ret. Sting out of ret. Load hole w/10 BW. PT, small leak. Spot
33 sx Class "B" 2394-1200'. Pull to 1197'. PT csg 500#, ok. Spot
23 sx Class "B" 1197-380'. Reverse circ w/4 BW. TOOH. Perf csg @
356'. Est circ out bradenhead. Spot 113 sx Class "B" down csg,
circ 1 bbl cmt out bradenhead. 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 restoration is completed.

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

Signed [Signature] Title Regulatory Affairs Date 11/4/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 13 1993

DISTRICT MANAGER

NMOCD