submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number
SF-078878

6. If Indian, All.or
Tribe Name

7. Unit Agreement Name
Canyon Largo Unit

2. Name of Operator
Meridian Oil Inc.

8. Well Name & Number
Canyon Largo Unit #246

3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505)326-9700

9. API Well No.

4. Location of Well, Footage, Sec, T, R, M.
800'S, 1600'E Sec.26, T-25-N, R-7-W, NMPM

10. Field and Pool
Ballard Pictured Cliffs

11. County and State
Rio Arriba County, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
__ Notice of Intent	_X_ Abandonment	__ Change of Plans
	__ Recompletion	__ New Construction
X Subsequent Report	__ Plugging Back	__ Non-Routine Fracturing
	__ Casing Repair	__ Water Shut Off
__ Final Abandonment	__ Altering Casing	__ Conversion to Injection
	__ Other	

13. Describe Proposed or Completed Operations

10-24-91 MOL. RU. ND WH. NU valve. SDFN.

10-25-91 NU BOP. TOOH w/1 1/4" tbg. TIH to 2770'. Pump 5 BW. Cmt/d 2770-2000' w/2 sx Class "B" neat. Displace w/3 BW. LD 22 jts. Reverse circ clean. SD for weekend.

10-28-91 TIH, tag cmt @ 2220'. Circ clean. Csg did not test. Cmt'd plug #2 2220-1480' w/21 sx cmt w/2% calcium chloride. Displace w/2 bbl TOOH to 1500'. Reverse circ clean. TOOH w/tbg. TIH, tag cmt @ 1514'. Perf 2 holes @ 1480'. SDFN.

10-29-91 TIH w/cmt ret set @ 1330'. Pump plug #3 1480-1330' w/52 sx Class "B" cmt. TOOH. TIH to 1330'. Cmt 1330-170' w/32 sx cmt. Displace w/.25 BW. TOOH to 180', reverse circ clean. TOOH. Perf 2 holes @ 170'. Pump plug #5 170-surface w/52 sx Class "B" cmt, circ out bradenhead. Cut off WH. Install dry hole marker w/5 sx cmt. Released rig.

14. I hereby certify that the foregoing is true and correct.
Signed Peggy Bradfield Title Regulatory Affairs Date 10-31-91

(This space for Federal or State office use)

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