

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## Sundry Notices and Reports on Wells

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  
1655' FNL, 1515' FWL, Sec.27, 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 #276

9. API Well No.  
30-039-20930

10. Field and Pool  
Ballard Pictured Cliffs

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

11-28-95 MIRU. ND WH. NU BOP. Pump 40 bbl wtr down csg. Plug #1: pump 53 sx Class "B" cmt down csg. Displaced to 1000'. WOC. SDON.

11-29-95 PT csg to 700 psi, failed. TIH, tag cmt @ 885'. TOOH. Perf 2 sqz holes @ 226'. Establish circ down csg & out bradenhead. Plug #2: pump 68 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. WOC. ND BOP. Cut off WH. Install dry hole marker w/5 sx Class "B" cmt. RD: Rig released. Well plugged and abandoned 11-29-95.

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

**RECEIVED**  
DEC 11 1995  
**OIL CON. DIV.**  
DIST. 3

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

Signed *[Signature]* Title Regulatory Administrator Date 11/30/95

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

DEC 9 1995

DISTRICT MANAGER