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

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, 990'FEL, Sec.4, T-26-N, R-9-W, NMPM

5. **Lease Number**
NM-03491

6. **If Indian, All. or Tribe Name**

7. **Unit Agreement Name**
Huerfanito Unit

8. **Well Name & Number**
Huerfanito Unit #22

9. **API Well No.**
30-045-06052

10. **Field and Pool**
Basin Fruitland Coal

11. **County and State**
San Juan Co, 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**

4-15-96 MIRU. SDON.

4-16-96 ND WH. NU BOP. TIH, tag cmt retainer @ 2177'. Pump 25 bbl wtr. Plug #1: pump 61 sx Class "B" cmt w/2% calcium chloride @ 1652-2177'. TOOH to 1420'. WOC. Load 5 1/2" csg w/18 bbl wtr. Attempt to PT, failed. TIH, tag TOC @ 1696'. TOOH to 1487'. Perf 3 sqz holes @ 1487'. TOOH. TIH w/5 1/2" cmt retainer, set @ 1420'. TOOH. Establish injection. Load csg w/10 bbl wtr. PT csg to 600 psi, OK. Plug #2: pump 90 sx Class "B" cmt outside 5 1/2" csg below cmt retainer @ 1212-1420', pump 31 sx Class "B" cmt inside csg above cmt retainer, TOC @ 1154'. TOOH. WOC. SDON.

4-17-96 TIH, perf 3 sqz holes @ 149'. TOOH. Establish circ down csg & out bradenhead. Plug #3: pump 65 sx Class "B" cmt down csg & out bradenhead. Circ 1/2 bbl cmt to surface. WOC. ND BOP. Cut off WH. Fill 5 1/2" csg w/2 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 4-17-96.

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

Signed Peggy Bradfield Title Regulatory Administrator Date 4/19/96

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED
APR 23 1996
DISTRICT MANAGER

NMOCD