

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator MERIDIAN OIL</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1650'FSL, 890'FEL, Sec.8, T-26-N, R-10-W, NMPM</p>	<p>5. Lease Number SF-080374</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name & Number Huerfano Unit #222</p> <p>9. API Well No. 30-045-20839</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State San Juan Co, NM</p>
--	--

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 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 checked="" 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

7-29-94 MIRU. ND master valve, NU BOP. FT rams. TOH w/215 jts 2 3/8" tbg. TIH w/4 1/2" RBP & pkr, set RBP @ 6535'. PT RBP to 1000 psi/15 min, OK. Dump one sx sd on top of RBP. Isolate csg leak.

7-30-94 PT csg to 1000 psi/15 min. No leak off. TOH. TIH w/retrieving head. Release BP @ 6535'. TOH. TIH, tag fill @ 6762'. CO to PBTD @ 6829'. Ran 215 jts 2 3/8" 4.7# J-55 8RDEUE tbg, set @ 6737'. ND BOP, NU master valve. Blow well & CO. RD. Rig released 3:00 a.m. 7-30-94.

RECEIVED
AUG - 8 1994

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
94 AUG - 3 AM 8:49
070 FARMINGTON, NM

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

Signed *[Signature]* Title Regulatory Affairs Date 8/7/94 **ACCEPTED FOR RECORD**

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date AUG 03 1994

CONDITION OF APPROVAL, if any:

FARMINGTON DISTRICT
[Signature]