submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
JAN 20 1995
OIL CON. DIV.
DIST. 3

Sundry Notices and Reports on Wells

1. **Type of Well**
GAS

5. **Lease Number**
SF-080425

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

7. **Unit Agreement Name**
Huerfano Unit

2. **Name of Operator**
MERIDIAN OIL

8. **Well Name & Number**
Huerfano Unit #244

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

9. **API Well No.**
30-045-21249

4. **Location of Well, Footage, Sec., T, R, M**
1000'FSL, 890'FEL, Sec.19, T-26-N, R-10-W, NMPM

10. **Field and Pool**
Basin Dakota

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**

1-3-95 MIRU. ND WH. NU BOP. SDON.
1-4-95 Rig repair.
1-5-95 TIH. Plug #1: pump 37 sx Class "B" cmt @ 6002-6490'. POOH to 4500'. WOC. Tag cmt @ 5849'. TOOH to 5410'. SDON.
1-6-95 Establish circ w/3 bbl wtr. PT csg to 500 psi, OK. Plug #2: pump 12 sx Class "B" cmt @ 5253-5410'. POOH to 3390'. Establish circ w/10 bbl wtr. Plug #3: pump 12 sx Class "B" cmt @ 3231-3390'. TOOH to 1865'. Plug #4: pump 30 sx cmt @ 1472-1865'. TOOH. TIH to 985', perf 2 sqz holes. RD. TIH w/4 1/2" cmt retainer, set @ 935'. Plug #5: pump 110 sx Class "B" cmt @ 756-935'. TOOH. TIH, perf 2 sqz holes @ 283'. Establish circ down csg & out bradenhead. Plug #6: pump 90 sx Class "B" cmt down csg and out bradenhead. Circ 1 bbl cmt to pit. WOC. SDON.
1-9-95 ND BOP. Cut off WH. Install dry hole marker w/10 sx cmt. RD. Well plugged and abandoned 1-9-95.

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

Signed Peggy Bradfield Title Regulatory Affairs Date 1/10/95

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

APPROVED
JAN 17 1995
DISTRICT MANAGER

NMOCD