submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

5. Lease Number
SF-078060A

1. Type of Well
GAS

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 #136E

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

9. API Well No.
30-045-26241

4. Location of Well, Footage, Sec., T, R, M
1820'FSL, 810'FWL, Sec.21, T-26-N, R-9-W, NMPM

10. Field and Pool
Basin Dakota

11. County and State
San Juan Co, NM

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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 -	

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13. Describe Proposed or Completed Operations

3-22-95   MIRU. ND WH. NU BOP. PT BOP. TOOH w/tbg. TIH w/4 1/2 cmt retainer, set @
6385'. SDON.

3-23-95   TIH w/4 1/2" cmt retainer, set @ 6387'. PT tbg to 1000 psi, OK. Establish
injection. Plug #1: pump 30 sx Class "B" cmt below cmt retainer & 8 sx
Class "B" cmt above cmt retainer, TOC @ 6335'. TOOH to 6261'. Load hole
w/wtr. PT csg to 500 psi, OK. Circ hole clean. TOOH to 5510'. Plug #2:
pump 12 sx Class "B" cmt @ 5362-5510'. TOOH to 3648'. Establish injection.
Plug #3: pump 12 sx Class "B" cmt @ 3548-3650'. TOOH to 2052'. Establish
injection. Plug #4: pump 78 sx Class "B" cmt @ 998-2052'. TOOH. TIH to
283'. Establish circ. Plug #5: pump 30 sx Class "B" cmt @ 0-284'. Circ 1
bbl cmt to surface. ND BOP. Cut off WH. Install dry hole marker w/10 sx
cmt. RD. Well plugged and abandoned 3-23-95.

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

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

Signed _Peggy Bradfield_ Title _Regulatory Affairs_ Date _3/31/95_

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

APR 05 1995

DISTRICT MANAGER

NMOCD