

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	5. Lease Number SF-078060
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name
4. Location of Well, Footage, Sec., T, R, M 1850'FN1, 1330'FEL Sec.21, T-26-N, R-9-W, NMPM	8. Well Name & Number Huerfano Unit Huerfano Unit 503
	9. API Well No. 30-045-29000
	10. Field and Pool Basin Ft 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
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injectio

13. Describe Proposed or Completed Operations

03-25-94 TD 570'. Spud @ 9:00 a.m. 03-25-94. Drl surface hole. Ran 5 jts 8 5/8", 24.0#, K-55 csg set @ 232'. Cmt w/160 sx Class "G" w/3% calcium chloride and 0.25 pps flocele (184 cu.ft.). Circ 5 bbl cmt to surface.

03-28-94 TD 2300'. Ran 52 jts 4 1/2", 10.5#, K-55 8rd csg set @ 2300'. Cmt w/525 sx Class "G" 65/35 Poz w/6% gel, 2% calcium chloride, 0.25 pps flocele, (929 cu.ft.), tail w/100 sx Class "G" w/2% calcium chloride (118 cu.ft.). Circ 26 bbl cmt to surface. PT 3800#, ok.

RECEIVED
APR 01 1994
OIL CON. DIV.
DIST. 3

RECEIVED
SLM
94 MAR 29 PM 3:09
070 MAR 29 1994

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

Signed [Signature] Title Regulatory Affairs Date 3/28/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOC

MAR 30 1994

FARMINGTON DISTRICT OFFICE
3Y [Signature]