

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FEB 14 1996

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
790' FNL, 1625' FEL, Sec. 14, T-26-N, R-9-W, NMPM

5. Lease Number
NM-03154
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Ballard #503
9. API Well No.
30-045-29286
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
<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 Injection

13. Describe Proposed or Completed Operations

2-8-96 Drill to TD @ 2200'. Circ hole clean. TOOH. Ran logs. TIH. Circ hole clean.
2-9-96 TIH w/51 jts 4 1/2" 10.5# K-55 ST&C csg, set @ 2197'. Pump 20 bbl gelled
wtr, 10 bbl wtr ahead. Cmt'd w/397 sx Class "G" 65/35 poz w/6% Bentonite,
2% calcium chloride, 0.25 pps Cellophane, 6.25 pps Kolite (734 cu.ft.).
Tailed w/100 sx Class "G" neat cmt w/2% calcium chloride, 0.25 pps
Cellophane (115 cu.ft.). Circ 40 bbl cmt to surface. WOC. PT csg to 3800
psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

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OIL CON. DIV.
FEB 20 1996

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

Signed *Dennis Starnes* Title Regulatory Administrator Date 2/12/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

FEB 14 1996

NMOCD

FARMINGTON DISTRICT OFFICE
BY *1/15*