

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

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
1590' FSL, 1780' FWL, Sec. 27, T-27-N, R-9-W, NMPM

5. Lease Number
SF-078356B
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Huerfanito Unit
8. Well Name & Number
Huerfanito Unit #39
9. API Well No.
30-039-06229
10. Field and Pool
Basin Fruitland Coal/
Ballard Pictured Cliffs
11. County and State
Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment

Type of Action

☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other -
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut off
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

1-12-96 MIRU. ND WH. NU BOP. PT BOP. TIH, tag up @ 2240'. TOOH to 2216'. Pump 30 bbl wtr down tbg. Plug #1: pump 78 sx Class "B" cmt @ 1527-2216'. TOOH to 227'. WOC. SDON.

1-15-96 TIH, tag TOC @ 1596'. TOOH to 1563'. Load hole w/10 bbl wtr. PT csg to 500 psi/10 min, OK. TOOH. RU, perf 3 sqz holes @ 1590'. RD. Load csg w/5 bbl wtr. Attempt to establish injection. RU, perf 3 sqz holes @ 1540'. (Verbal approval to change plans from Kevin Schneider, BLM). Attempt to establish injection. TIH to 1595'. Establish circ out csg valve. Plug #2: pump 37 sx Class "B" cmt inside csg @ 1268-1595'. TOOH. Load hole w/wtr. RU, perf 3 sqz holes @ 146'. RD. Establish circ down csg & out bradenhead w/10 bbl wtr. Plug #3: pump 41 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. ND BOP. Cut off WH. Fill 5 1/2" csg & 5 1/2" x 8 5/8" annulus w/15 bbl Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 1-15-96.

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

Signed [Signature] Title Regulatory Administrator Date 1/31/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD