

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

94 MAR 7 PM 1:29

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
1750' FSL, 1150' FWL Sec. 36, T-28-N, R-10-W, NMPM
5. Lease Number
SF-077085
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Omler #1
9. API Well No.
10. Field and Pool
Farmington Sand
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 checked="" type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injectio |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

03-01-94 MOL&RU. Blew down. ND WH. NU BOP. TOO H w/tbg. Set cmt ret @ 934'. SDFN.

03-02-94 Est rate. PT tbg 1500#/5 min, ok. PT csg 500#/5 min, ok. Spot 66 sx Class "B" cmt, 56 sx below ret, 10 sx above. TOC @ 882'. Spot 25 bbl 8.4# 40 vis mud 776-151'. TOO H. Perf 2 holes @ 151'. Circ wtr down csg through perms and back out bradenhead. Spot 97 sx Class "B" cmt, down csg and back to bradenhead. ND BOP. Cut off WH. Set dry hole marker. Released rig. Well plugged & abandoned.

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

MAR 14 1994

CON. DIV.

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

Signed [Signature] Title Regulatory Affairs Date 3/4/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

Date

MAR 09 1994

DISTRICT MANAGER

MMOCD