

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

NOV 17 1994

2. Name of Operator

MERIDIAN OIL

OIL CON. DIV.
DIST. 3

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

795'FNL, 820'FEL, Sec.1, T-29-N, R-5-W, NMPM

5. Lease Number

NM-2991

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

LaBaca #100

9. API Well No.

30-039-24509

10. Field and Pool

Basin Fruitland Coal

11. County and State

Rio Arriba 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 Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

11-1-94 MIRU. ND WH. NU BOP. Killed well w/60 bbl wtr. TOO H w/140 jts 2 3/8" tbgr. TIH w/5 1/2" cmt retainer, set @ 4164'. SDON.

11-2-94 PT tbgr to 1000 psi, OK. Sting out of retainer. Load csg w/35 bbl wtr, circ. PT csg to 500 psi, OK. Sting into cmt retainer. Establish circ. Plug #1: sqz 29 sx cmt below retainer and 65 sx cmt above retainer to 3590'. POOH to 2364' Plug #2: pump 20 sx Class "B" cmt @ 2364-2541'. POOH to 398'. ND BOP. Dig out WH & cut off. Fill csg & install P&A marker w/40 sx cmt. RD. Well plugged and abandoned 11-2-94.

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

Signed [Signature] Title Regulatory Affairs Date 11/4/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 16 1994

DISTRICT MANAGER

MM000