

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 NM-03877
2. Name of Operator Meridian Oil Inc.	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 1090'FNL, 890'FEL Sec.11, T-29-N, R-11-W, NMPM	8. Well Name & Number Lloyd C #1
	9. API Well No. 30-045-
	10. Field and Pool Aztec Pic.Cliffs
	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 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 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

11-18-92 MOL&RU. Blow down ND WH. NU BOP. TOOHH w/1" tbg. SDFN.
11-19-92 TIH set cmt ret @ 1814'. Est inj rate. Cmt plug #1 w/85 sx under ret, displace w/6 BW, stingout & dump 6 sx on top of ret. TOOHH to 1750'. Spot 17 bbl 9# 50 vis mud 1750-1010'. TOOHH. Perf 2 holes @ 1010'. Set cmt ret @ 859'. Est inj rate. Cmt plug #2 w/57 sx under ret, sting out, dump 6 sx on top of ret. TOOHH to 797'. Spot 14 bbl 9# 50 vis mud 797-175'. TOOHH. Perf 2 holes @ 175'. Est circ down csg w/9 BW. Cmt plug #3 w/72 sx down csg, approx 1' bbl good cmt cir out bradenhead. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

RECEIVED
BLM

NOV 20 1992

1. DIV.)
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Approved as to plugging of the well here.
Liability under bond is not void until
surface restoration is completed.

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

Signed [Signature] Title Regulatory Affairs Date 11/20/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 27 1992

AREA MANAGER

NMOCD