

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
1850'FNL, 1850'FEL Sec.1, T-29-N, R-12-W, NMPM

5. Lease Number
SF-065557A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Cornell #5

9. API Well No.

10. Field and Pool
Undes. Fruitland *S. 2. 10*

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

04-28-94 MOL&RU. Blow down. Kill well. ND WH. NU BOP. TOO H w/1 1/4" tbg. Cmt w/50 sx Class "B" w/2% calcium chloride. WOC. TIH, tag TOC @ 812'. TOO H. ND BOP. Cut off WH. Pump 28 sx Class "B" cmt down csg, cmt to surface. Install dry hole marker. Relesed rig. Well plugged & abandoned.

RECEIVED
MAY - 9 1994

OIL CON. DIV.
DIST. 3

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

Signed *Perry Shalvick* Title Regulatory Affairs Date 4/29/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any: _____

APPROVED
MAY 11 1994
DISTRICT MANAGER

NMOCD