

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
600'FSL, 785'FEL, Sec.19, T-32-N, R-6-W, NMPM

5. Lease Number
SF-081155
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Allison Unit
8. Well Name & Number
Allison Unit Inj #140
9. API Well No.
30-045-29182
10. Field and Pool
Basin Fruitland Coal
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 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 checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

11-16-94 Drill to TD @ 3436'. Ran logs.
11-17-94 Ran 81 jts 5 1/2" 15.5# K-55 csg, set @ 3435'. Cmtd first stage w/144 sx Class "G" cmt w/2% calcium chloride, 0.25 pps Flocele, 10 pps Gilsonite (169 cu.ft.). Stage tool @ 2873'. Circ 13 bbl cmt to surface. Cmtd second stage w/546 sx Class "G" 65/35 poz w/2% calcium chloride, 0.25 pps Flocele 6% gel (967 cu.ft.). Tailed w/25 sx Class "G" cmt w/2% calcium chloride (29 cu.ft.). Circ 30 bbl cmt to surface. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

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

Signed *Peggy Shadwick* Title Regulatory Affairs Date 11/17/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON DISTRICT OFFICE

3V