

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
NOV 13 1995  
Bureau of Land Management  
Durango, Colorado

Sundry Notices and Reports on Wells

1. Type of Well  
GAS

RECEIVED  
NOV 22 1995

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  
660' FNL, 1980' FEL, Sec.29, T-32-N, R-14-W, NMPM

5. Lease Number  
I-22-IND-2772  
6. If Indian, All. or  
Tribe Name  
Ute Mountain Ute  
7. Unit Agreement Name

8. Well Name & Number  
Ute #13  
9. API Well No.  
30-045-11279

10. Field and Pool  
Barker Dome-Akah/Upper Barker Creek;  
Barker Creek-Paradox  
11. County and State  
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment

Type of Action

☒ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other -  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut off  
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to plug and abandon the subject well in the following manner:

Circ hole clean w/2% Kcl wtr. Plug #1: spot 165 sx Class "B" cmt @ 8200'. TOOH. WOC. TIH, tag cmt. Plug #2: spot 30 sx Class "B" cmt @ 6562-6732'. TOOH. Perf 2 sqz holes @ 5125'. Set cmt retainer @ 5125'. Plug #3: pump 50 sx Class "B" cmt @ 5025-5125'. TOOH. TIH w/cmt retainer, set @ 3949'. Plug #4: pump 45 sx Class "B" cmt @ 3949-4055'. TOOH. TIH, perf 2 sqz holes @ 2790'. Set cmt retainer @ 2690'. Plug #5: pump 40 sx Class "B" cmt @ 2690-2790'. TOOH. Plug #6: pump 25 sx Class "B" cmt @ 2228-2328'. TOOH. TIH to 370'. Perf 2 sqz holes @ 470'. Set cmt retainer @ 370'. Plug #7: pump 33 sx Class "B" cmt @ 370-470'. TOOH. ND BOP. Cut off WH. Fill 7" csg & annulus between csg w/75 sx Class "B" cmt. Weld on dry hole marker.

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

Signed James J. Mahood Title Regulatory Administrator Date 11/8/95

(This space for Federal or State Office use)

APPROVED BY (s) Jim Lovaie

Title AREA MANAGER  
ACTING

Date NOV 21 1995

CONDITION OF APPROVAL, if any:

NMOCB