

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells 1-3 11/11:45

1. Type of Well
GAS

RECEIVED
DEC 15 1994

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
990'FSL, 990'FEL, Sec.24, T-25-N, R-6-W, NMPM

5. Lease Number
SF-079177
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Canyon Largo Unit
8. Well Name & Number
Canyon Largo U #41
9. API Well No.
30-039-05908
10. Field and Pool
So Blanco Pict.Cliffs
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

11-16-94 MIRU. Load hole w/20 bbl wtr. ND WH. NU BOP. POOH w/98 jts 1 1/4" tbg. SDON.
11-17-94 TIH w/5 1/2" cmt retainer, set @ 2433'. PT tbg to 1000 psi, OK. Load hole
w/25 bbl wtr. PT csg to 500 psi, OK. Establish circ. Plug #1: pump 13 sx
Class "B" cmt below cmt retainer @ 2433-2490'. Spot 72 sx Class "B" cmt
inside 5 1/2" csg above cmt retainer to 1797'. TOOH. Load hole w/wtr. TIH.
Perf 2 sqz holes @ 394'. Circ wtr down csg & out bradenhead w/15 bbl wtr.
Plug #2: pump 147 sx Class "B" cmt down csg & out bradenhead @ 0-394'. Circ
1 bbl cmt out bradenhead. WOC. ND BOP. Cut off WH. Install dry hole marker
w/10 sx cmt. RD. Well plugged and abandoned 11-17-94.

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

Signed [Signature] Title Regulatory Affairs Date 12/5/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

DEC 13 1994
DISTRICT MANAGER