

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

Sundry Notices and Reports on Wells

95 OCT 10 PM 2:57

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
1190' FSL, 1190' FWL, Sec. 20, T-24-N, R-6-W, NMPM

5. Lease Number
SF-078886
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Canyon Largo Unit
8. Well Name & Number
Canyon Largo U #434
9. API Well No.
30-039-25402
10. Field and Pool
Basin Dakota
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 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 - Workover	

13. Describe Proposed or Completed Operations

9-14-95 MIRU. ND WH. NU BOP. TIH, tag bottom. TOOH w/204 jts 2 3/8" tbhg. TIH w/5 1/2" CIBP, set @ 6410' to shut off wtr from lower perms. TOOH. TIH w/204 jts 2 3/8" 4.7# J-55 tbhg, landed @ 6348'. TOOH. ND BOP. NU WH. RD. Rig released.

RECEIVED
OCT 13 1995

OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 10/6/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

OCT 11 1995

FARMINGTON DISTRICT OFFICE
BY 27

NMOCD