

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

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

1824' FSL, 1778' FWL, Sec. 33, T-26-N, R-6-W, NMPM

5. Lease Number

SF-079265

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Klein #4

9. API Well No.

30-039-06230

10. Field and Pool

So Blanco Pic. 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

11-3-94 MIRU. ND WH. NU BOP. PT BOP. TOH w/138 jts 1 1/4" tbq. SDON.

11-4-94 TIH w/5 1/2" gauge ring to 2800'. POOH. TIH w/cmt retainer, set @ 2808'. Load well w/54 bbl wtr, PT csg to 500 psi, OK. Plug #1: pump 26 sx Class "B" cmt below cmt retainer and 25 sx above cmt retainer. POOH to 2449'. Plug #2: pump 38 sx Class "B" cmt @ 2113-2449'. POOH to 570'. Perf 2 sqz holes @ 565'. Establish circ w/48 bbl wtr down csg and out bradenhead. Plug 3#: circ 173 sx Class "B" cmt @ 0-565'. Circ 1 bbl cmt out bradenhead. WOC. SDON.

11-7-94 ND BOP. Cut off wellhead. Install dry hole marker w/10 sx cmt. RD. Well plugged and abandoned 11-7-94.

RECEIVED
NOV 23 1994

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

Signed [Signature] Title Regulatory Affairs Date 11/9/94

OIL CON. DIV.
DIST. 3

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

NMOC

NOV 23 1994
DISTRICT MANAGER