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

5. **Lease Number**
SF-078881

6. **If Indian, All. or Tribe Name**

2. **Name of Operator**
MERIDIAN OIL

7. **Unit Agreement Name**
Canyon Largo Unit

3. **Address & Phone No. of Operator**
PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. **Well Name & Number**
Canyon Largo U #427

9. **API Well No.**
30-039-25484

4. **Location of Well, Footage, Sec., T, R, M**
900'FSL, 2215'FWL, Sec.11, T-25-N, R-7-W, NMPM

10. **Field and Pool**
Basin Dakota

11. **County and State**
Rio Arriba Co, NM

NSL-3499

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

Type of Submission	Type of Action		
___ Notice of Intent	___ Abandonment	___ Change of Plans	
	___ Recompletion	___ New Construction	
_X_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing	
	___ Casing Repair	___ Water Shut off	
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection	
	_X_ Other -		

13. **Describe Proposed or Completed Operations**

10-1-95 Drill to TD @ 6989'. Circ hole clean. TOOH.
10-2-95 Ran logs.
10-3-95 Finish logging. Circ hole clean. TIH w/164 jts 5 1/2" 17# K-55 LTC csg, set @ 6989'.
10-4-95 Cmtd first stage w/460 sx Class "G" 65/35 poz w/35% pozmix A, 6% gel, 0.5% fluid loss, 0.25 pps Cellophane (869 cu.ft.). Tailed w/100 sx Class "G" neat cmt w/0.5% fluid loss, 0.25 pps Cellophane (118 cu.ft.). Circ 20 bbl cmt to surface. Stage tool set @ 4818'. Cmtd second stage w/733 sx Class "G" 65/35 poz w/35% pozmix A, 6% gel, 0.25 pps Cellophane, 2% calcium chloride (1385 cu.ft.). Tailed w/100 sx Class "G" neat cmt w/2% calcium chloride, 0.25 pps Cellophane (118 cu.ft.). Circ 40 sx cmt to surface. Stage tool set @ 2074'. Cmtd third stage w/350 sx Class "G" 65/35 poz w/35% pozmix A, 6% gel, 2% calcium chloride, 0.25 pps Cellophane (662 cu.ft.). Tailed w/100 sx Class "G" neat cmt w/2% calcium chloride, 0.25 ps Cellophane (118 cu.ft.). Circ 15 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 [signature] Title Regulatory Administrator Date 10/5/95

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any: