

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
MAR - 6 1995
OIL CON. DIV.
DIST. 3

Sundry Notices and Reports on Wells

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
1000'FSL, 1330'FWL, Sec.14, T-26-N, R-9-W, NMPM

5. Lease Number
NM-03154
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Ballard #501
9. API Well No.
30-045-29206
10. Field and Pool
Basin Fruitland Coal
11. County and State
San Juan 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - Spud
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

2-21-95 MIRU. Spud well 10:30 a.m. 2-20-95. Drill to 236'. Ran 5 jts 8 5/8" 24# K-55 csg, set @ 231'. Cmdt w/210 sx Class "G" cmt w/3% calcium chloride, 0.25 pps Flocele (248 cu.ft.). Circ 13 bbl cmt to surface. WOC. PT csg & BOP to 600 psi/30 min, OK. Drilling ahead.
2-22-95 Drill to TD @ 2200'. RU to log.
2-23-95 Ran logs. RD. TIH w/49 jts 4 1/2" 10.5# K-55 STC csg, set @ 2200'. Cmdt w/325 sx 65/35 Class "G" poz w/2% calcium chloride, 0.25 pps Flocele, 5 pps Gilsonite (575 cu.ft.). Tailed w/100 sx Class "G" neat w/2% calcium chloride (118 cu.ft.). Circ gel wtr w/Flocele, no cmt to surface. (Will run CBL during completion). WOC. PT csg to 3800 psi, OK. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Affairs Date 2/23/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

FEB 27 1995

NMOCD

FARMINGTON DISTRICT OFFICE
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