

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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  
2400' FNL, 1500' FWL, Sec.26, T-28-N, R-9-W, NMPM

5. Lease Number  
SF-077111

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Lackey #7

9. API Well No.  
30-045-21575

10. Field and Pool  
Otero Chacra

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 checked="" 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 type="checkbox"/> Other -
	<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

12-19-95 MIRU. SDON.

12-20-95 ND WH. NU BOP. PT BOP, OK. TIH to 3458'. TOOH to 3442'. Plug #1: pump 38 sx Class "B" cmt @ 2114-3458'. Displace w/3.7 bbl wtr. TOOH to 2114'. Plug #2: pump 38 sx Class "B" cmt @ 780-2114'. Displace w/1.4 bbl wtr. TOOH to 714'. WOC. Tag TOC @ 800'. Circ hole clean. TOOH. TOOH. PT csg to 500 psi, OK. TIH, perf 2 sqz holes @ 263'. TOOH. Establish circ down csg & out bradenhead. Plug #3: pump 120 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. ND BOP. Cut off WH. Fill csg w/3 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 12-21-95.

RECEIVED  
JAN 16 1996

OIL CON. DIV.  
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 1/2/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

APPROVED

JAN 16 1996

NMOC