

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

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

1410' FSL, 1470' FWL, Sec. 31, T-32-N, R-10-W, NMPM

5. Lease Number

SF-080314

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Harrison #2

9. API Well No.

30-045-23126

10. Field and Pool

Mt. Nebo Fruitland/
Blanco Pictured Cliffs

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

☐ Notice of Intent

☒ Abandonment

☐ Change of Plans

☒ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☐ Other -

13. Describe Proposed or Completed Operations

1-29-96 MIRU. ND WH. NU BOP. TOO H w/92 jts 2 3/8" tbg. SDON.

1-30-96 TIH w/5 1/2" gauge ring to 2850'. TOO H. TIH w/5 1/2" cmt retainer, set @ 2714'. PT tbg to 1100 psi, OK. Establish injection into Pictured Cliffs perfs. Plug #1: pump 38 sx Class "B" cmt below cmt retainer into Pictured Cliffs perfs, pump 6 sx Class "B" cmt on top of cmt retainer, TOC @ 2662'. TOO H. TIH w/5 1/2" cmt retainer, set @ 2288'. Load csg w/33 bbl wtr. PT csg to 500 psi/5 min, OK. Establish injection into Fruitland perfs. Plug #2: pump 40 sx Class "B" cmt below cmt retainer into Fruitland perfs, pump 10 sx Class "B" cmt above cmt retainer, TOC @ 2202'. TOO H to 1739'. Plug #3: pump 28 sx Class "B" cmt @ 1498-1739'. TOO H. TIH, perf 3 sqz holes @ 277'. Establish circ down csg & out bradenhead w/6 bbl wtr. Plug #4: pump 115 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. WOC. ND BOP. Cut off WH. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 1-30-96.

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

Signed [Signature] Title Regulatory Administrator Date 2/6/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

FEB 16 1996

[Signature]
for DISTRICT MANAGER

NMOCOD