

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
1750'FNL, 990'FEL, Sec.17, T-24-N, R-6-W, NMPM

Lease Number
SF-078886
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Canyon Largo Unit
8. Well Name & Number
Canyon Largo U #76
9. API Well No.
30-039-05492
10. Field and Pool
Basin Fruitland Coal
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 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

10-20-94 MIRI. ND WH. NU BOP. POOH w/66 jts 2 3/8" tbg. TIH w/5 1/2" cmt retainer, set @ 1823'. PT tbg to 1000 psi, OK. Plug #1: pump 51 sx Class "B" cmt @ 2044-1820' above & below cmt retainer. Sting out of retainer & load well w/25 bbl wtr. PT csg to 500 psi, OK. Plug #2: pump 55 sx Class "B" cmt @ 1823-1337' above cmt retainer. POOH w/tbg. SDON.
10-21-94 Perf 2 sqz holes @ 174'. Establish circ down 5 1/2" csg & out bradenhead w/5 bbl wtr. Plug #3: pump 63 sx Class "B" cmt @ 0-174'. Circ 1 bbl cmt out bradenhead. ND BOP. Cut off WH. Install P&A marker w/15 sx cmt. RD. Rig released. Well plugged and abandoned 10-21-94.

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

Signed [Signature] Title Regulatory Affairs Date 10/25/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED

OCT 1 1994
DISTRICT MANAGER