

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
990'FNL, 1650'FEL, Sec.14, T-25-N, R-6-W, NMPM

5. Lease Number
SF-078884
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Canyon Largo Unit
8. Well Name & Number
Canyon Largo U #159
9. API Well No.
30-039-20305
10. Field and Pool
Otero Chacra
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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

11-14-94 MIRU. ND WH. NU BOP. Plug #1: pump 85 sx Class "B" cmt inside 2 7/8" tbq @ 695-3670'. Displace cmt w/4 bbl wtr to 695'. SI. WOC. SDON.
11-15-94 Tagged cmt @ 710'. Perf 4 holes @ 595'. Could not establish circ. Plug #2: Pump 20 sx Class "B" cmt down csg @ 0-595' and 5 sx cmt outside 2 7/8" csg. SI csg. Pump into bradenhead. Plug #3: pumped 155 sx Class "B" cmt down bradenhead into 2 7/8" x 8 5/8" csg annulus @ 0-595'. SI. WOC. SDON.
11-16-94 ND BOP. Cut off WH. Found cmt in 2 7/8" csg @ surface and in annulus @ 20'. Installed dry hole marker and fill annulus w/10 sx cmt. Well plugged & abandoned 11-16-94.

RECEIVED
DEC - 1 1994

OIL CON. DIV.
DIST. 3

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

Signed *Deputy District Manager* Title Regulatory Affairs Date 11/17/94

(This space for Federal or State Office use)

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

APPROVED

NOV 20 1994
DISTRICT MANAGER