UNITED STATES DEPARTMENT OF THE INTERIOR



BUREAU OF LAND MANAGEMENT Sundry Notices and Reports on Wealth 15 PM 3: 17 Lease Number 070 FARMINGTON, NM SF-078884 If Indian, All. or Type of Well Tribe Name GAS Unit Agreement Name Canyon Largo Unit 2. Name of Operator MERIDIAN OIL 8. Well Name & Number Canyon Largo U #409 3. Address & Phone No. of Operator API Well No. PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. 30-039-25385 10. Field and Pool 4. Location of Well, Footage, Sec., T, R, M Otero Cha/Basin DK 910'FNL, 930'FEL, Sec.15, T-25-N, R-6-W, NMPM 11. County and State Rio Arriba Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Action Type of Submission Abandonment Change of Plans
Recompletion New Construction
Plugging Back Non-Routine Fracturing
Casing Repair Water Shut off
Altering Casing Conversion to Injection ___ Abandonment Notice of Intent Recompletion ____ Plugging Back X_ Subsequent Report Casing Repair Final Abandonment X Other -Describe Proposed or Completed Operations 13. 8-9-94 Drill to TD @ 7266'. Circ for logs. 8-10-94 Ran logs. 8-11-94 Ran 167 jts 5 1/2" 17# K-55 csg, set @ 7264'. Lwr stage tool @ 5051', upr stage tool @ 2399'. Cmtd first stage w/325 sx Class "B" 65/35 poz w/6% gel, 0.25 pps Cellophane (575 cu.ft.). Tailed w/100 sx Class "B" cmt w/0.5% CF-14 wtr loss (118 cu.ft.). Circ 34 bbl cmt to surface. Cmtd second stage w/400 sx Class "B" 65/35 poz w/6% gel, 2% calcium chloride 0.25 pps Cellophane (709 cu.ft.). Tailed w/100 sx Class "B" cmt w/1% calcium chloride (118 cu.ft.). Circ 28 bbl cmt to surface. Cmtd third stage w/404 sx Class "B" 65/35 poz w/6% gel, 2% calcium chloride, 0.25 pps Cellophane (716 cu.ft.). Tailed w/100 sx Class "B" cmt w/2% calcium chloride (118 cu.ft.). Circ 38 bbl cmt to surface. PT csg to 3800 psi, OK. ND BOP. Set slips w/60,000 psi. Cut off csg. RD. Rig released 6:00 a.m. 8-11-94. I hereby certify that the foregoing is true and correct. Madhul 1 Title Regulatory Affairs Date 8/12/94____ (This space for Federal or State Office use) ____Title _____ Date APPROVED BY CONDITION OF APPROVAL, if any: