

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator MERIDIAN OIL</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1770' FNL, 1175' FWL, Sec. 3, T-25-N, R-6-W, NMPM</p>	<p>5. Lease Number SF-078885</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>Canyon Largo Unit</p> <p>8. Well Name & Number Canyon Largo U #287M</p> <p>9. API Well No. 30-039-25550</p> <p>10. Field and Pool Blanco MV/Basin DK</p> <p>11. County and State Rio Arriba Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 checked="" type="checkbox"/> Other -
	<input checked="" 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

It is intended to cement the 5 1/2" production casing in the subject well in the following manner:

First stage: cement to circulate to stage tool @ 3600'. Cement w/793 sx Class "G" 50/50 pozmix w/0.25 pps Flocele (lost circ), 5 pps Gilsonite (lost circ), and 0.4% Halad-344 (fluid loss). Wait four hours prior to pumping second stage. (Slurry volume: 1047 cu.ft. Excess slurry 53%).

Second stage: Circulate cement to surface. Lead w/426 sx Class "B" cement w/3% Econolite (extended), 0.5 pps Flocele (lost circ), and 5 pps Gilsonite (lost circ). Tail w/130 sx Class "B" cement. WOC a minimum of 18 hours prior to clean out. (Slurry volume: 1372 cu.ft. Excess slurry: 120%).

Faxed to 599-8998 1-2-96 and left message.

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

Signed *[Signature]* (DTV3) Title Regulatory Administrator Date 1/2/96

(This space for Federal or State Office use)

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

NMOCD

APPROVED
JAN 09 1996
DISTRICT MANAGER