

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'FWL Sec.25, T-25-N, R-7-W, NMPM

5. Lease Number  
SF-078878  
6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Canyon Largo Unit  
Canyon Largo U 105  
9. API Well No.

10. Field and Pool  
Ballard PC  
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

11-01-93 MOL&RU. TOOH w/tbg. Set cmt ret @ 2555'. PT tbg 1000#, ok. Est inj rate. Spot 15 sx Class "B" below ret, 10 sx Class "B" on top of ret 2555-2191'. Pull to 2102'. Load hole w/wtr. PT csg 500#. TOOH. Perf csg @ 2166'. Set cmt ret @ 2102'. Could not est inj rate. Sting out of ret. Spot 45 sx Class "B" 2102-450'. Pull up to 249'. Reverse circ. Perf @ 427'. Spot 142 sx Class "B", displace inside csg and out bradenhead. Circ 1 bbl good cmt.

11-02-93 Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

Approved as to plugging of the well bore.  
Liability bond is retained until  
surface restoration is completed.

**RECEIVED**

NOV 12 1993

OIL CON. DIV.  
DIST. 3

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

Signed [Signature] Title Regulatory Affairs Date 11/3/93

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

NOV 18 1993

DISTRICT MANAGER

NMOCD