submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
070 FARMINGTON, NM

Sundry Notices and Reports on Wells

RECEIVED
DEC 1 1 1995
OIL CON. DIV.
DIST. 3

1. **Type of Well**
GAS

5. **Lease Number**
SF-079265

6. **If Indian, All. or Tribe Name**

7. **Unit Agreement Name**

2. **Name of Operator**
MERIDIAN OIL

8. **Well Name & Number**
Klein #17

3. **Address & Phone No. of Operator**
PO Box 4289, Farmington, NM 87499 (505) 326-9700

9. **API Well No.**
30-039-20412

4. **Location of Well, Footage, Sec., T, R, M**
1100'FSL, 1600'FEL, Sec.33, T-26-N, R-6-W, NMPM

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		
___ Notice of Intent	_X_ Abandonment	___ Change of Plans
	___ Recompletion	___ New Construction
_X_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing
	___ Casing Repair	___ Water Shut off
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection
	___ Other -	

13. **Describe Proposed or Completed Operations**

11-14-95 MIRU. ND WH. NU BOP. PT BOP. TOOH w/116 jts 1 1/4" tbg. Pump 30 bbl wtr down csg. SDON.

11-15-95 Establish injection. Plug #1: pump 46 sx Class "B" cmt down csg, displaced to 2260'. WOC. TIH, tag TOC @ 2340'. PT csg to 500 psi, failed. TIH w/gauge ring to 2260'. TOOH. TIH w/cmt retainer, hung up @ 60'. SDON.

11-16-95 Backed off 2 7/8" csg @ 540'. TOOH w/17 jts 2 7/8" csg. TIH w/1 1/4" tbg to TOC inside 2 7/8" csg @ 2260'. Plug #2: pump 8 sx Class "B" cmt @ 1990-2260'. TOOH to 590'. Plug #3: pump 16 sx Class "B" cmt @ 489-590'. TOOH to 490'. Plug #4: pump 176 sx Class "B" cmt from 488' to surface. Circ 1 bbl cmt to surface. ND BOP. Cut off WH. Fill csg w/12 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 11-16-95.

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

Signed [signature] Title Regulatory Administrator Date 11/29/95

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED
DEC 0[illegible] 1995
DISTRICT MANAGER

NMOCD