

**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 1050' FSL, 800' FWL Sec. 23, T-25-N, R-7-W, NMPM</p>	<p>5. Lease Number SF-078879</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 191</p> <p>9. API Well No.</p> <p>10. Field and Pool S. Blanco PC Ext</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 type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" 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 type="checkbox"/> Other -
	<input 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

10-27-93 MOL&RU. Kill well. NU BOP. Ran Scraper to 2395'. Set cmt ret @ 2395'. PT 1000#, ok. Est inj rate. Spot 16 sx Class "B" below ret, sting out. Load hole w/10 BW. PT csg 500#, ok. Spot 25 sx Class "B", displace 2395-1487'. Pull up to 1484'.

10-28-93 TIH, tag plug @ 1683'. Pull to 1668'. Spot 40 sx cmt 1668-183'. TOOH. Perf 2 holes @ 183'. Spot 72 sx Class "B", pump down csg & out bradenhead. Circ 1 bll good cmt. ND BOP. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

NOV 5 1993
OIL CON. DIV.
DIST. 3

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

NOV 5 1993
DISTRICT MANAGER

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

Signed [Signature] Title Regulatory Affairs Date 10/29/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

NOV 9 1993
DISTRICT MANAGER