submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

Sundry Notices and Reports on Wells 94 AUG 29 PH 3:49

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SEP - 1 1994

070 FARMINGTON, NM

Lease Number
SF-078937

1. **Type of Well**
   GAS

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

7. **Unit Agreement Name**

2. **Name of Operator**
   MERIDIAN OIL   OIL CON. DIV. DIST. 3

8. **Well Name & Number**
   P.L. Davis #1

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

9. **API Well No.**
   30-045-12147

4. **Location of Well, Footage, Sec., T, R, M**
   2319'FSL, 992'FWL, Sec.25, T-26-N, R-11-W, NMPM

10. **Field and Pool**
    Basin Dakota

11. **County and State**
    San Juan Co, NM

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12. **CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA**

Type of Submission

____ Notice of Intent

_X_ Subsequent Report

____ Final Abandonment

Type of Action

_X_ Abandonment
____ Recompletion
____ Plugging Back
____ Casing Repair
____ Altering Casing
____ Other -

____ Change of Plans
____ New Construction
____ Non-Routine Fracturing
____ Water Shut off
____ Conversion to Injection

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13. **Describe Proposed or Completed Operations**

8-23-94 MIRU. ND WH. NU BOP. Attempted to release pkr, failed. Plug #1: Pump 37 sx cmt thru tbg @ 6000-6396'. RD. SDON.

8-24-94 Tag plug @ 6194'. Shot tbg free @ 6148'. Plug #2: pump 10 sx cmt @ 6013-6148'. TOOH to 5343'. PT csg. Plug #3: pump 17 sx cmt @ 5119-5343'. TOOH. RU. Perf 4 holes @ 2613'. TOOH. TIH w/4 1/2 cmt retainer, set @ 2554'. Plug #4: pump 50 sx cmt @ 2462-2613'. TOOH to 2400'. Spot 9 bbl 8.4# mud 40 vis @ 1811-2400'. Plug #5: pump 30 sx cmt @ 1416-1811'. Spot 8.5 bbl 8.4# mud 40 vis @ 830-1416'. SDON.

8-25-94 TIH, perf @ 830'. TOH. TIH w/4 1/2" cmt retainer, set @ 772'. Plug #5: pump 111 sx cmt @ 574-830'. TOOH. RU, perf @ 286'. Established circ out bradenhead Plug 6: Pump 118 sx cmt @ 0-286'. WOC. ND BOP. Cut off WH. Set dry hole marke RD. Well plugged & abandoned 8-25-94.

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

Signed _____ Title Regulatory Affairs   Date 8/26/94_____

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

APPROVED

AUG 9 1994

DISTRICT MANAGER