submitted in lieu of Form 3160-5

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**
1150'FSL, 1520'FEL, Sec.28, T-27-N, R-9-W, NMPM

5. **Lease Number**
SF-078081

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

7. **Unit Agreement Name**
Huerfanito Unit

8. **Well Name & Number**
Huerfanito Unit #38

9. **API Well No.**
30-045-06216

10. **Field and Pool**
Basin Fruitland Coal/
Ballard Pict.Cliffs

11. **County and State**
San Juan 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**

12-12-95 MIRU. ND WH. NU BOP. TOOH w/2 3/8" tbg. TIH w/5 1/2" gauge ring to 2150'. TOOH. TIH w/5 1/2" CIBP, set @ 2104'. TIH, load hole w/wtr. PT csg to 500 psi, OK. Plug #1: pump 11 sx Class "B" cmt on top of CIBP. Displace w/7.5 bbl wtr. TOOH. TIH, perf 4 sqz holes @ 1641'. TOOH. Establish injection. TIH w/5 1/2" cmt retainer, set @ 1580'. PT tbg to 1000 psi, OK. Plug #2: pump 80 sx Class "B" cmt below cmt retainer, 28 sx Class "B" cmt above cmt retainer. TOOH. SDON.

12-13-95 TIH, perf 2 sqz holes @ 148'. Establish circ down csg & out bradenhead. Plug #3: pump 64 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. WOC. ND BOP. Cut off WH. Fill csg w/6 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 12-13-95.

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

Signed Peggy Bradfield Title Regulatory Administrator Date 1/2/96

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

APPROVED
JAN 1 1996

NMOCD