

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
1190' FSL, 1450' FEL, Sec. 21, T-27-N, R-9-W, NMPM

5. Lease Number
NM-011393
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Huerfanito #7
9. API Well No.
30-045-06333
10. Field and Pool
Basin Dakota
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	☒ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☐ Other -
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut off
	☐ Conversion to Injection

13. Describe Proposed or Completed Operations

12-13-95 MIRU. ND WH. NU BOP. PT BOP. TOO H w/48 jts 2 3/8" tbg. SDON.

12-14-95 TOO H w/rest of 2 3/8" tbg. TIH w/4 1/2" gauge ring to 6545'. TOO H. TIH w/4 1/2" CIBP, set @ 6523'. TOO H. TIH, PT csg & CIBP to 500 psi, OK. SDON.

12-15-95 Plug #1: pump 8 sx Class "B" cmt on top of CIBP @ 6423-6523'. TOO H to 5710'. Plug #2: pump 12 sx Class "B" cmt @ 5610-5710'. TOO H. TIH, perf 2 sqz holes @ 3756'. Load hole w/7 bbl wtr. Attempt to establish injection. (Verbal approval to change plans from Wayne Townsend, BLM). TIH. Plug #3: pump 15 sx Class "B" cmt @ 3606-3806'. Displaced w/wtr. TOO H to 2223'. Plug #4: pump 32 sx Class "B" cmt @ 1846-2223'. Displace w/wtr. TOO H to 1436'. Plug #5: pump 24 sx Class "B" cmt @ 1174-1436'. Displace w/wtr. TOO H. TIH, perf 2 sqz holes @ 377'. Establish circ down csg & out bradenhead. Plug #6: pump 152 sx Class "B" cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. ND BOP. Cut off WH. Fill csg w/8 sx Class "B" cmt. Install dry hole marker w/10 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 12-15-95.

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

Signed *[Signature]* 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

[Signature]
JAN 18 1996

NMCCD