

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	5. Lease Number SF-078356
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name Huerfanito Unit
4. Location of Well, Footage, Sec., T, R, M 1650'FSL, 990'FWL Sec.22, T-27-N, R-9-W, NMPM	8. Well Name & Number Huerfanito U 43
	9. API Well No. 30-045-
	10. Field and Pool Basin Ft Coal
	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

<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injectio
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

04-18-94 MOL&RU.

04-19-94 Blow down. ND WH. NU BOP. TOOHH w/tbg. Set cmt ret @ 2041'. Est inj rate. PT csg 600#, ok. Spot 57 sx Class "B" plug 2015-2248'. WOC. TOOHH. Perf @ 1566'. Est inj rate. Spot 112 sx cmt 1566-1204'. WOC.

04-20-94 TIH, tag plug @ 240'. TOOHH. Spot surface plug w/24 sx Class "B" cmt 188-0'. ND BOP. Cut off WH. Install dry hole marker. Released rig. Well plugged & abandoned.

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

RECEIVED
MAY 3 1 1994
OIL CON. DIV
DIST. 3

RECEIVED
MAY 2 1 1994

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

Signed: [Signature] Title Regulatory Affairs Date 4/20/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

MAY 2 5 1994

SECRETARY MANAGER

NMOC