

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED  
DEC 8 1994  
3:59 PM

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  
1650'ESL, 1650'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  
Cleveland #7  
9. API Well No.  
30-045-06353  
10. Field and Pool  
Basin Fruitland 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 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

11-22-94 MIRU. ND WH. NU BOP. TOO H w/tbg. TIH w/5 1/2" cmt retainer, set @ 1820'. PT tbg to 1000 psi, OK. Establish circ. Plug #1: pump 77 sx Class "B" cmt @ 1771-2124'. POOH to 1410'. Load hole. PT csg to 500 psi, OK. Plug #2: pump 50 sx Class "B" cmt @ 1032-1410'. WOC. TIH. Tag plug #2 @ 1032'. Load hole w/wtr. TOO H w/tbg. SDON.

11-23-94 TIH. Perf 4 sqz holes @ 143'. Establish circ down csg & out bradenhead. Plug #3: pump 105 sx Class "B" cmt @ 0-143'. Circ 1 bbl cmt out bradenhead. WOC. ND BOP. Cut off WH. Install dry hole marker w/10 sx cmt. RD. Well plugged and abandoned 11-23-94.

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**OIL CON. DIV.**  
DIST. 3

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

Signed *John J. Salsburg* Title Regulatory Affairs Date 11/29/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

DEC 8 1994  
**DISTRICT MANAGER**