

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

Sundry Notices and Reports on Wells

94 FEB 25 PM 2:17

1. Type of Well  
GAS

5. Lease Number  
070 SARIN 2930, NM  
6. If Indian, All. or  
Tribe Name

2. Name of Operator  
MERIDIAN OIL

7. Unit Agreement Name

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

8. Well Name & Number  
Turner Hughes #18  
9. API Well No.

4. Location of Well, Footage, Sec., T, R, M  
800'FNL, 800'FEL Sec.11, T-27-N, R-9-W, NMPM

10. Field and Pool  
Otero Chacra  
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

02-24-94 MOL&RU. TOOH w/tbg. Set cmt ret @ 3016'. PT csg 500#, ok. Spot 18 sx Class "B" cmt 3256-2930'. Pull up to 2158'. Spot 14 sx Class "B" cmt 2158-1650'. TOOH. TIH, perf @ 1250'. Est inj rate. Spot 61 sx Class "B" cmt 1300-1146'. WOC.

02-25-94 TIH, tag plug @ 1066'. TOOH. Perf @ 185'. Est inj rate. Spot 73 sx Class "B" 185-0'. 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.

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

Signed [Signature] Title Regulatory Affairs Date 2/25/94

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

APPROVED

FEB 28 1994

DISTRICT MANAGER

NMOCD