

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
1050' FSL, 1150' FWL, Sec. 26, T-28-N, R-9-W, NMPM

Lease Number
SF-077111
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Lackey #5
9. API Well No.
30-045-20865
10. Field and Pool
So Blanco 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
<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

12-14-94 MIRU. SDON. *ins. R.H.*
12-15-94 Establish ~~cire~~ w/29 bbl wtr. ~~TIH w/cmt retainer @ 2234'~~. Plug #1: pump 70
sx Class "B" cmt w/2% calcium chloride to fill inside of 2 7/8" csg from
2234'. SI w/50 psi. WOC. TIH. Tag cmt top @ 690'. ND BOP. Cut off WH.
Filled inside 2 7/8" csg w/20 sx Class "B" cmt from 690' to surface.
Install dry hole marker w/8 sx cmt. RD. Well plugged and abandoned
12-15-94.

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

RECEIVED
JAN 12 1995
OIL CON. DIV.
DIST. 3

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

Signed *[Signature]* Title Regulatory Affairs Date 12/21/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED

[Signature] 09/1995
NMOCD MANAGED

NMOCD