

tted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

5. Lease Number
SF-080956

Type of Well
GAS

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Name of Operator
MERIDIAN OIL

8. Well Name & Number
Martin #1

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

9. API Well No.

4. Location of Well, Footage, Sec., T, R, M
1650'FSL, 1650'FWL Sec.34, T-30-N, R-11-W, NMPM

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

12-23-93 MOL&RU. SD for holidays.

12-27-93 ND WH. NU BOP. TOO H w/tbg. Set cmt ret @ 1872'. PT tbg 1000#. Pull out of ret, load hole w/35 BW. PT csg 500#, ok. Est rate. Cmt plug #1 @ 1872 w/66 sx Class "B" cmt, 48 sx below and 18 sx above ret up to 1710'. Pull up to 1621'. Spot 16 bbl 8.4# 40 vis mud 1621-940'. Pull up to 943'. Cmt plug #2 943-580' w/41 sx Class "B" inside csg. Pull up to 508'. Spot 7 bbl 8.4# 40 vis mud 508-225'. Pull up to 228'. Cmt plug #3 228-surface w/27 sx Class "B" inside csg, circ cmt out valve. ND BOP. Install dry hole marker. Well plugged & abandoned.

RECEIVED

JAN 10 1994

OIL CON. DIV
DIST. 3

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 12/30/93

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

APPROVED

Date

JAN 06 1994

DISTRICT MANAGER

NMOC