

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
1180'FSL, 890'FWL, Sec.4, T-30-N, R-9-W, NMPM

5. Lease Number
SF-081098

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Riddle #4

9. API Well No.
30-C45-12116

10. Field and Pool *done*
Wildcat Farmington

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 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 Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

12-9-94 MIRU. TOOH w/89 5 /8" rods. ND WH. NU BOP. TOOH w/70 jts 1 1/2" tbg.
Load 2 7/8" tbg w/28 bbl wtr, established circ. Plug #1: Pump 60 sx
60 sx Class "G" cmt down 2 7/8" tbg from 2304', displaced to 500. SI.
WOC. SDON.

12-12-94 Tag cmt @ 607'. POOH to 359'. Perf 2 sqz holes @ 359'. TOOH. Establish
circ out bradenhead w/7 bbl wtr. Plug #2: pump 87 sx Class "B" cmt down
tbg @ 359' and out bradenhead. Circ 1 bbl cmt to surface. WOC. ND BOP.
Cut off WH. Top off 2 7/8" tbg w/2 sx cmt. Install dry hole marker w/18
sx cmt. RD. Well plugged and abandoned 12-12-94.

RECEIVED
JAN 6 1995

THE GEN. MGR.

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

Signed *James H. Harkins* Title Regulatory Affairs Date 12/16/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

JAN 06 1995
Chip Haraden
for DISTRICT MANAGER