

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells
5451522 1110:05

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
1635'FNL, 1180'FEL, Sec.15, T-30-N, R-9-W, NMPM

5. Lease Number
SF-078201A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Riddle A #6
9. API Well No.
30-045-26307
10. Field and Pool
Blanco Pictured 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 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 Injection |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

12-12-94 MIRU. Establish ^{115' R/L} circ w/40 bbl wtr. ND WH. NU BOP. Plug #1: pump 88 sx Class "B" cmt to fill inside 2 7/8" csg from 3190'. Displace cmt to 700'. WOC. SDON.
12-13-94 Tag TOC @ 1355' inside 2 7/8" csg. PT csg to 500 psi, OK. Perf 2 sqz holes @ 542'. POOH. Establish circ out bradenhead w/27 bbl wtr. Plug #2: pump 166 sx Class "B" cmt from 542' out bradenhead. 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 12-13-94.

Approved as to plugging of the well bore.
Integrity under head is retained until
surface restoration is completed.

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

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

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

DEC 28 1994

[Signature]
WATERMAN

NAAC

WMOCD

THE
THE
THE