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

5. **Lease Number**
   SF-078626
6. **If Indian, All. or Tribe Name**
7. **Unit Agreement Name**
   San Juan 32-9 Unit
8. **Well Name & Number**
   San Juan 32-9 U #108
9. **API Well No.**
   30-045-28097
10. **Field and Pool**
    Blanco Pictured Cliffs
11. **County and State**
    San Juan Co, NM

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**
   1142'FSL, 1165'FWL, Sec.10, T-31-N, R-9-W, NMPM

12. **CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA**

Type of Submission	**Type of Action**	
___ Notice of Intent	_X_ Abandonment	___ Change of Plans
	___ Recompletion	___ New Construction
_X_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing
	___ Casing Repair	___ Water Shut off
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection
	___ Other -	

13. **Describe Proposed or Completed Operations**

2-27-96 MIRU. ND WH. NU BOP. TOOH w/107 jts 2 3/8" tbg. TIH w/4 1/2" cmt retainer, set @ 3349'. PT tbg to 1200 psi, OK. SDON.

2-28-96 Load csg w/15 bbl wtr. PT csg to 500 psi/5 min, OK. Establish injection. Plug #1: pump 14 sx Class "B" cmt below cmt retainer into Pictured Cliffs perfs, pump 33 sx Class "B" cmt above cmt retainer, TOC @ 2903'. TOOH to 2168'. Load csg w/5 bbl wtr. Plug #2: pump 22 sx Class "B" cmt inside csg @ 1871-2168'. TOOH to 670'. Load csg w/4 bbl wtr. Plug #3: pump 12 sx Class "B" cmt inside csg @ 508-670'. TOOH to 319'. Load csg w/1 bbl wtr. Plug #4: pump 28 sx Class "B" cmt inside csg @ 0-319'. Circ 1 bbl cmt out csg valve. WOC. ND BOP. Cut off WH. Pump 42 sx Class "B" cmt to fill 4 1/2" x 8 5/8" csg annulus. Install dry hole marker w/8 sx Class "B" cmt. RD. Rig released. Well plugged and abandoned 2-28-96.

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

Signed Peggy Bradfield Title Regulatory Administrator Date 3/11/96

(This space for Federal or State Office use)
APPRCVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

NMOCD