

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
NOV 1 1994
1:35

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

1920'FNL, 850'FWL, Sec.19, T-32-N, R-6-W, NMPM

5. Lease Number

070 FNL, SE 1/4 11/55

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

Allison Unit

8. Well Name & Number

Allison Unit Inj #142

9. API Well No.

30-045-29195

10. Field and Pool

Basin Fruitland 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 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 checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

11-4-94 Drilled to TD @ 3386'. Ran logs. Prepare to run csg.
 11-5-94 Ran 79 jts 5 1/2" 15.5# K-55 csg, set @ 3385'. Cmt'd first stage w/530 sx Class "G" 65/35 poz w/6% gel, 2% calcium chloride, 0.25 pps Cellophane, 5 pps D-40 Colite (938 cu.ft.). Tailed w/100 sx Class "G" neat w/2% calcium chloride (116 cu.ft.). Did not circ cmt to surface. ND BOP. NU WH. PT csg to 3000 psi, OK. Ran temp survey, TOC @ 600'. RD. Rig released.

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OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Affairs Date 11/7/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

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FARMINGTON DISTRICT OFFICE

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