

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Sundry Notices and Reports on Wells

NOV 1 1994 1:35

1. Type of Well
GAS

5. Lease Number
070 1155
6. If Indian, All. or
Tribe Name

2. Name of Operator
MERIDIAN OIL

7. Unit Agreement Name

Allison Unit

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

8. Well Name & Number
Allison Unit Inj #142

4. Location of Well, Footage, Sec., T, R, M
1920'FNL, 850'FWL, Sec.19, T-32-N, R-6-W, NMPM

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

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'. Cmtd 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:

COPIED FOR RECORD

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FARMINGTON DISTRICT OFFICE

BY [Signature]