submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
JUN 28 1994
Bureau of Land Management
Durango, Colorado

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**
1595'FNl, 1250'FWL Sec.20, T-32-N, R-14-W, NMPM

5. **Lease Number**
I-22-IND-2772

6. **If Indian, All. or Tribe Name**
Ute Mt. Ute

7. **Unit Agreement Name**

8. **Well Name & Number**
Ute #24

9. **API Well No.**
30-045-

10. **Field and Pool**
Barker Creek Alkali Gulch

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		
___ Notice of Intent	___ Abandonment	___ Recompletion	___ Plugging Back	___ Casing Repair	___ Altering Casing	___ Other -	___ Change of Plans	___ New Construction	___ Non-Routine Fracturin	___ Water Shut off	___ Conversion to Injectio
_x_ Subsequent Report											
___ Final Abandonment											

13. **Describe Proposed or Completed Operations**

06-22-94 TD 8810'. Ran 200 jts 5 1/2", 17.0#, L-80 LT&C csg, landed @ 8809'. Cemented first stage w/280 sx Class "G" w/0.2% CFR-3, 0.25 pps flocele, 0.3% Halad 344 (337 cu.ft.). Circ 30 bbl cmt to pit. Cemented second stage w/1175 sx Class "G" 65/35 Poz w/6% gel, 0.5% Halad 322, 0.25 pps flocele (2106 cu.ft.), tail w/140 sx Class "G" w/0.2% CFR-3, 0.25 pps flocele, 0.3% Halad 344 (163 cu.ft.). Circ 70 bbl cmt to pit. Cemented third stage w/725 sx Class "B" 65/35 Poz w/6% gel, 2% calcium chloride, 0.5% Halad 322 and 0.25 pps flocele (1334 cu.ft.). Tail w/50 sx Class "B" w/0.2% CFR-3, 0.25 pps flocele, 0.3% Halad 344, 2% calcium chloride (58 cu.ft.). Circ 60 bbl cmt to surface. Stage tools set @ 2804' and 7798'.

ACCEPTED FOR RECORD
BY: Pe 7-28-94
Bureau of Land Management

RECEIVED
MAR 30 1995
OIL CON. DIV.

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

Signed Peggy Bradfield Title Regulatory Affairs Date 6/27/94

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

OPERATOR'S COPY