

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

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
190'FSL, 1915'FWL Sec.31, T-29-N, R-4-W, NMPM

5. Lease Number
SF-079893A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Brown #200
9. API Well No.
30-039-25382
10. Field and Pool
Gobernador PC Ext/
Basin Ft Coal
11. County and State
Rio Arriba Co, NM

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

Type of Submission

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment

Type of Action

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other -
☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut off
☐ Conversion to Injectio

13. Describe Proposed or Completed Operations

The cement design on this well is changed from a two-stage production job to a foamed cement job. It is planned to complete this well rigless; therefore, no stage tools can be used. The tail slurry will be the same as in the original Operations Plan as submitted: 100 sx Class "B" w/2% calcium chloride and 0.25 pps cellophane flakes (15.6 ppg, 1.18 cu.ft./sx, 5.2 gal/sx).

The lead slurry will consist of: Class "B" cmt w/0.035 gal/sx foam stabilizer, 1.5% foaming agent, 2% calcium chloride and 0.25 pps cellophane flakes. This slurry will be foamed using 20,120 SCF of N2 to a 7.5 ppg weight. 418 sx of unfoamed slurry will be used (1086 cu.ft. of foamed slurry). This slurry should give a better bond strength than a Pozmix lead slurry.

Meridian Oil, as a prudent operator, recognizes the responsibility to test for cement job success. Any remedial work, if necessary, will be approved through the appropriate regulatory agency.

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

Signed [Signature] Title Regulatory Affairs Date 5/9/94

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

APPROVED

APR 16 1994

[Signature]
DISTRICT MANAGER