submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM
95 SEP 19 AM 8:39

Sundry Notices and Reports on Wells

RECEIVED
SEP 21 1995
070 FARMINGTON, NM

OIL CON. DIV.
DIST. 3

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**
1465'FNL, 565'FWL, Sec.29, T-29-N, R-4-W, NMPM

NSL-3539

5. **Lease Number**
SF-079893A
6. **If Indian, All. or Tribe Name**

7. **Unit Agreement Name**

8. **Well Name & Number**
Brown #206
9. **API Well No.**
30-039-25500
10. **Field and Pool**
Gobernador Pict.Cliffs
11. **County and State**
Rio Arriba 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
_X_ Subsequent Report	___ Casing Repair	___ Altering Casing	_X_ Other -
___ Final Abandonment	___ Change of Plans	___ New Construction	___ Non-Routine Fracturing
	___ Water Shut off	___ Conversion to Injection	

13. **Describe Proposed or Completed Operations**

9-15-95 Drill to 4165'. Circ hole clean, TOOH. TIH w/core bbl. Core 31' @ 4163-4194'. TOOH. Recovered 26.5' core. TIH, drilling ahead.
9-16-95 Drill to TD @ 4575'. Circ hole clean. TOOH. Log well.
9-17-95 TIH w/107 jts 4 1/2" 10.5# K-55 STC csg, set @ 4567'. Cmtd first stage w/202 sx Class "B" neat cmt w/1% calcium chloride, 3 pps Gilsonite, 0.25 pps Cellophane (238 cu.ft.). Flush wtr to surface, no cmt to surface. Stage tool @ 3919'. Cmtd second stage w/1018 sx Class "B" 65/35 poz w/1% calcium chloride, 0.25 pps Flocele, 3 pps Gilsonite, 6% gel (1802 cu.ft.). Tailed w/100 sx Class "B" neat cmt w/1% calcium chloride, 0.25 pps Cellophane (118 cu.ft.). Circ 27 bbl cmt to surface. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

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

Signed _____ Title Regulatory Administrator Date 9/18/95

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

ACCEPTED FOR RECORD

SEP 1 5 1995

FARMINGTON DISTRICT OFFICE
BY _____

NMOCD