

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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  
1830' FNL, 1490' FWL, Sec. 28, T-30-N, R-11-W, NMPM

5. Lease Number  
SF-078138

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Morris ~~100~~ #100

9. API Well No.  
30-045-29327

10. Field and Pool  
Blanco Mesaverde

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 checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                             | <input checked="" type="checkbox"/> Change of Plans |
| <input 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 - Alter cement program |   |

13. Describe Proposed or Completed Operations

It is intended to amend the cement on the intermediate string of casing in the subject well from two stages to one stage. The new design will be as follows:

7" intermediate casing @ 0-2600'. Lead with 281 sx 50/50 blended silicalite with 0.25 pps Cellophane, 5 pps Gilsonite. Tail with 100 sx Class "B" cement w/2% calcium chloride, 0.25 pps Cellophane. Cement nose guide shoe on bottom with auto-fill float collar on top of shoe joint.

**RECEIVED**  
FEB 20 1996  
**OIL CON. DIV.**  
DIST. 3

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

Signed [Signature] (KAS2) Title Regulatory Administrator Date 2/12/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

FEB 16 1996

[Signature]  
DISTRICT MANAGER

NMOCD