

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                                          |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>                                                         | 7. UNIT AGREEMENT NAME                                                                |
| 2. NAME OF OPERATOR<br>Meridian Oil Inc.                                                                                                                                 | 8. FARM OR LEASE NAME<br>Graham                                                       |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                                     | 9. WELL NO.<br>1                                                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1720'S, 1480'E<br>2150 S 390W | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coa                                 |
| 14. PERMIT NO.                                                                                                                                                           | 11. SEC. T., R., M., OR BLM. AND SURVEY OF AREA<br>Sec. 26, 1-27-N, R-10-<br>N.M.P.M. |
| 15. ELEVATIONS (Show whether SP, ST, CR, etc.)<br>6263' GL                                                                                                               | 12. COUNTY OR PARISH<br>San Juan                                                      |
|                                                                                                                                                                          | 13. STATE<br>NM                                                                       |

13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other) Recomplete    | <input type="checkbox"/> |                 | <input type="checkbox"/> |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

07-24-89 MOL&RU. NDWH. NU BOP. TOO H w/95 jts 1" tbg. PU 5 1/2" csg. scraper. TIH w/tbg to 2029'. TOO H. LD scraper. TIH w/collar locator, check csg. shoe. TOO H. TIH w/cmt retainer set @ 2010'. TOO H. TIH, sting into retainer. Pump 25 sx below retainer. Sting out, circ. hole clean. Pump up on csg to 1000#/15 min, ok. TOO H. LD stinger. TIH, run logs. SDFN. TIH w/tbg, tag cmt retainer. Spot 250 gal 7 1/2% HCl acid. TOO H. TIH, perf 1899-1900', 1882-90', 1872-77', 1986-93', 1965-66', 1907-08', 1903-04' w/2 spf. TOO H. TIH, break down perfs in 4' intervals. Blow down w/line gas. Clean out to bottom. Land 2 3/8", 4.7#, J-55 tbg @ 1999'. ND BOP. NU WH.

07-25-89

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

Regulatory Affairs ( ) 08-04-89

SIGNED [Signature]

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

AUG 7 1989

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCD

BY [Signature]

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

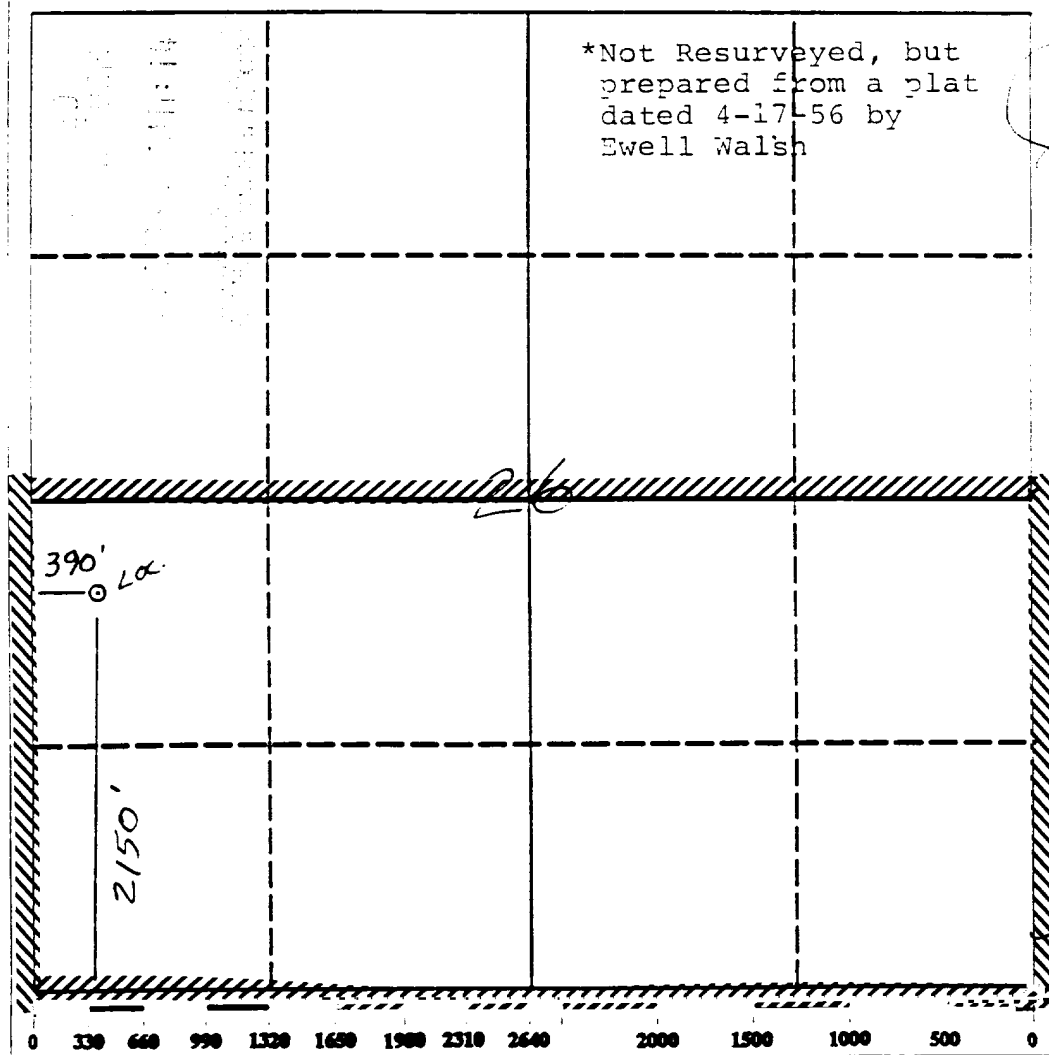
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

|                                                                                                   |               |                                       |                 |                |                                   |
|---------------------------------------------------------------------------------------------------|---------------|---------------------------------------|-----------------|----------------|-----------------------------------|
| Operator<br>Meridian Oil Inc.                                                                     |               |                                       | Lease<br>Graham |                | Well No.<br>1                     |
| Unit Letter<br>L                                                                                  | Section<br>26 | Township<br>27N                       | Range<br>10W    | County<br>NMNM | San Juan                          |
| Actual Footage Location of Well:<br>2150 feet from the South line and 390 feet from the West line |               |                                       |                 |                |                                   |
| Ground level Elev.<br>6253'                                                                       |               | Producing Formation<br>Fruitland Coal |                 | Pool<br>Basin  | Dedicated Acreage:<br>320.0 Acres |

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). \_\_\_\_\_  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature  
Peggy Bradfield

Printed Name  
Regulatory Affairs

Position  
Meridian Oil Inc.

Company  
5-4-89

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
Neale C. Edwards

Signature and Seal of  
Professional Surveyor

Certificate No. 6857

NMOOD