

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Howell K
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, NM 87499	9. WELL NO. 300
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1990'S, 1175'E	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 15, T30N, R8W NMPM
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 6437' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	RELL 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) Revision <input checked="" 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) <input type="checkbox"/>	

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

17. ON: RIDE 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.) *

Attached is a copy of the C102 showing the revised pool & dedication.

RECEIVED
FARMINGTON REGIONAL OFFICE
60 DEC 20 PM 2:28
FARMINGTON REGIONAL OFFICE
FARMINGTON, NEW MEXICO

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

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE

12-22-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator MERIDIAN OIL, INC.			Lease HOWELL K (SF-078578A)		Well No. 300
Unit Letter I	Section 15	Township 30-N	Range 8-W	County SAN JUAN	
Actual Footage Location of Wells 1990 feet from the SOUTH line and 1175 feet from the EAST line					
Ground Level Elev. 6437	Producing Formation Fruitland Coal		Pool Basin		Dedicated Acres: 312.42320 Acres

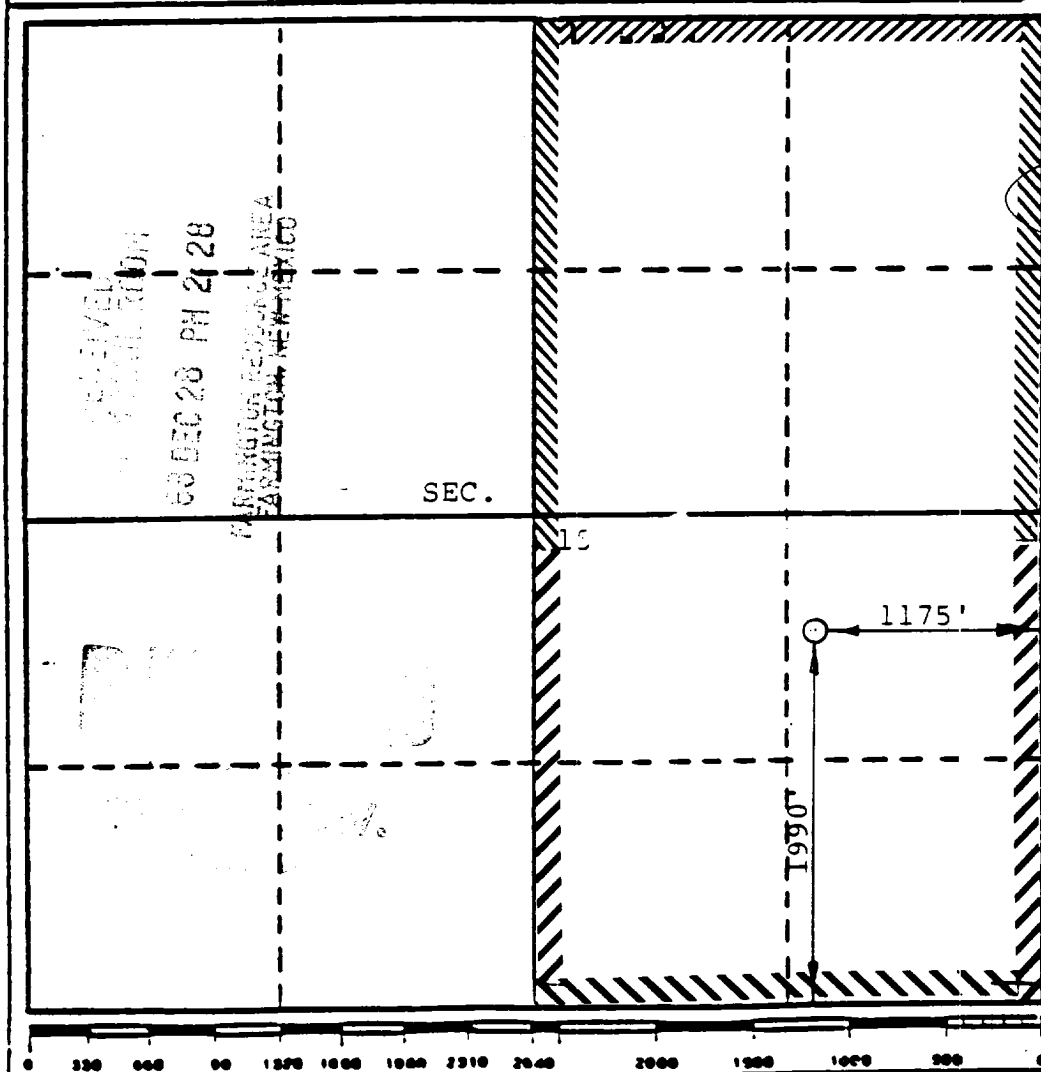
1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests 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 interests, has been approved by the Division.

NOTE: UNORTHODOX LOCATION TO AVOID CATHODIC BED



CERTIFICATION

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

Name _____

Position

Drilling Clerk

Company

Meridian Oil Inc.

Date

12-22-88

I hereby certify that the well location shown on this plat was placed 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.

MARCH 14, 1988

Date Surveyed

ISAAC I. WEAVER

Registered Professional Engineer and/or Land Surveyor

Certificate No.

8966