

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Meridian Oil Inc.</p> <p>3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1435'S, 790'W</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-010468</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Howell J</p> <p>9. WELL NO. 300</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal</p> <p>11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA Sec.3, T30N, R8W NMMP</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether OP, ST, OR, etc.) 6200' GL</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Revision <input checked="" type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. ONLY RISE 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
 88 DEC 23 PM 2:30
 FARMINGTON RESOURCE AREA
 FARMINGTON, NEW MEXICO

RECEIVED
 1988 01009

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: _____

ACCEPTED FOR RECORD
JAN 04 1989

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

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.

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

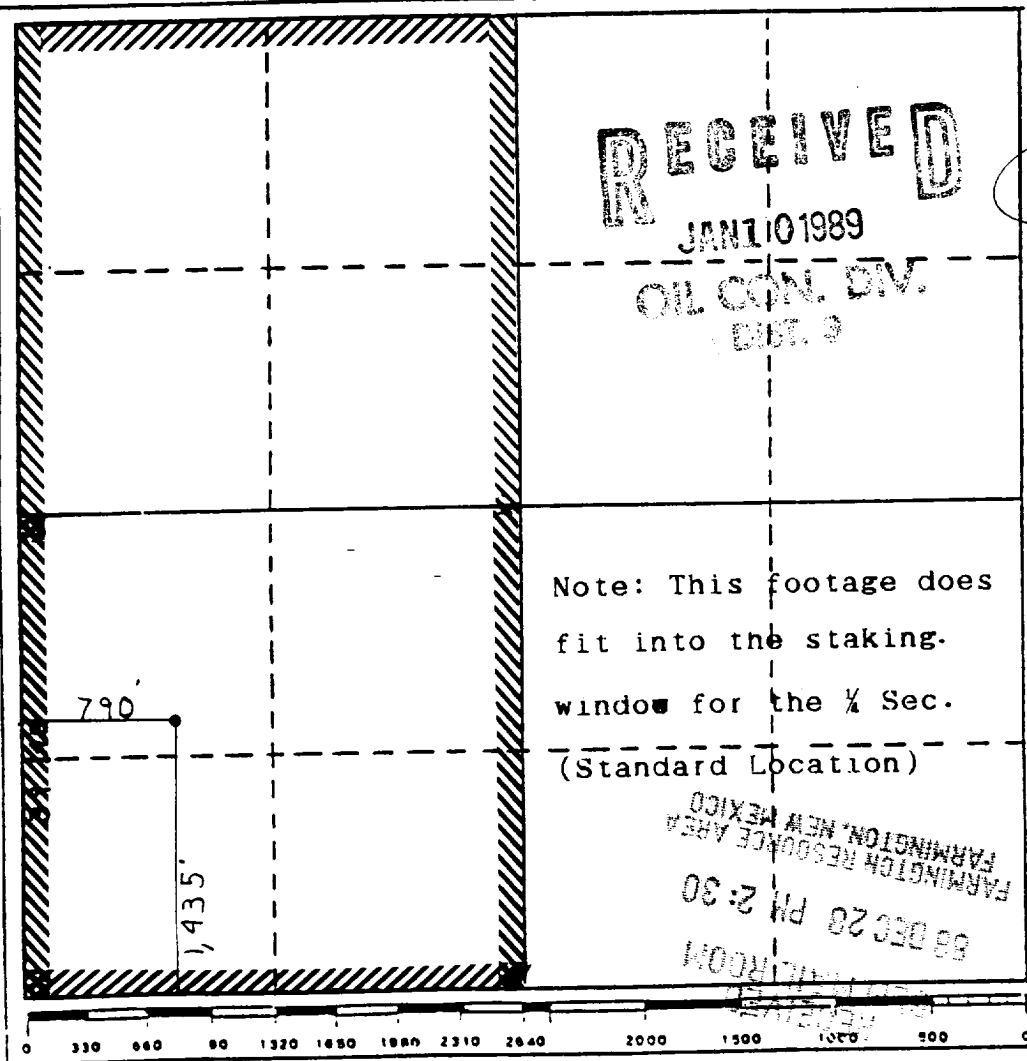
Operator Meridian Oil Co.		Lease Howell J (NM-010468)		Well No. 300
Unit Letter L	Section 3	Township T30N	Range R8W	County San Juan
Actual Footage Location of Wells 1435 feet from the South line and 790 feet from the West line				
Ground Level Elev. 6200	Producing Formation Fruitland Coal	Pool Basin	Dedicated Acreage 321.60 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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.



CERTIFICATION

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

R. Howard Daggett
Name: **Drilling Clerk**
Position: **Meridian Oil Inc.**
Company: *12-22-88*
Date: _____

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

PROFESSIONAL LAND SURVEYOR
R. HOWARD DAGGETT
Registered Professional

Date Surveyed: **April 9, 1988**
Land Surveyor: **R. Howard Daggett**
R. Howard Daggett
Certificate No. **9679**