

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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"/> | 5. LEASE DESIGNATION AND SERIAL NO. SF-078197 |
| 2. NAME OF OPERATOR Meridian Oil Inc. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 970'N, 1800'E | 8. FARM OR LEASE NAME Nye |
| 14. PERMIT NO. | 9. WELL NO. 292 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5795'GL | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa |
| | 11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 9, T-29-N, R-10-N, M.P.M. |
| | 12. COUNTY OR PARISH 13. STATE San Juan NM |

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) <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) <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.) *

Attached is a copy of the C-102 showing the corrected dedication of this well.

RECEIVED
JUN 19 1989
OIL CON. DIV
SPE. 3

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

SIGNED [Signature] TITLE Regulatory Affairs (DATE 04-25-89)

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUN 16 1989

CONDITIONS OF APPROVAL, IF ANY:

NMOC

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY [Signature]

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

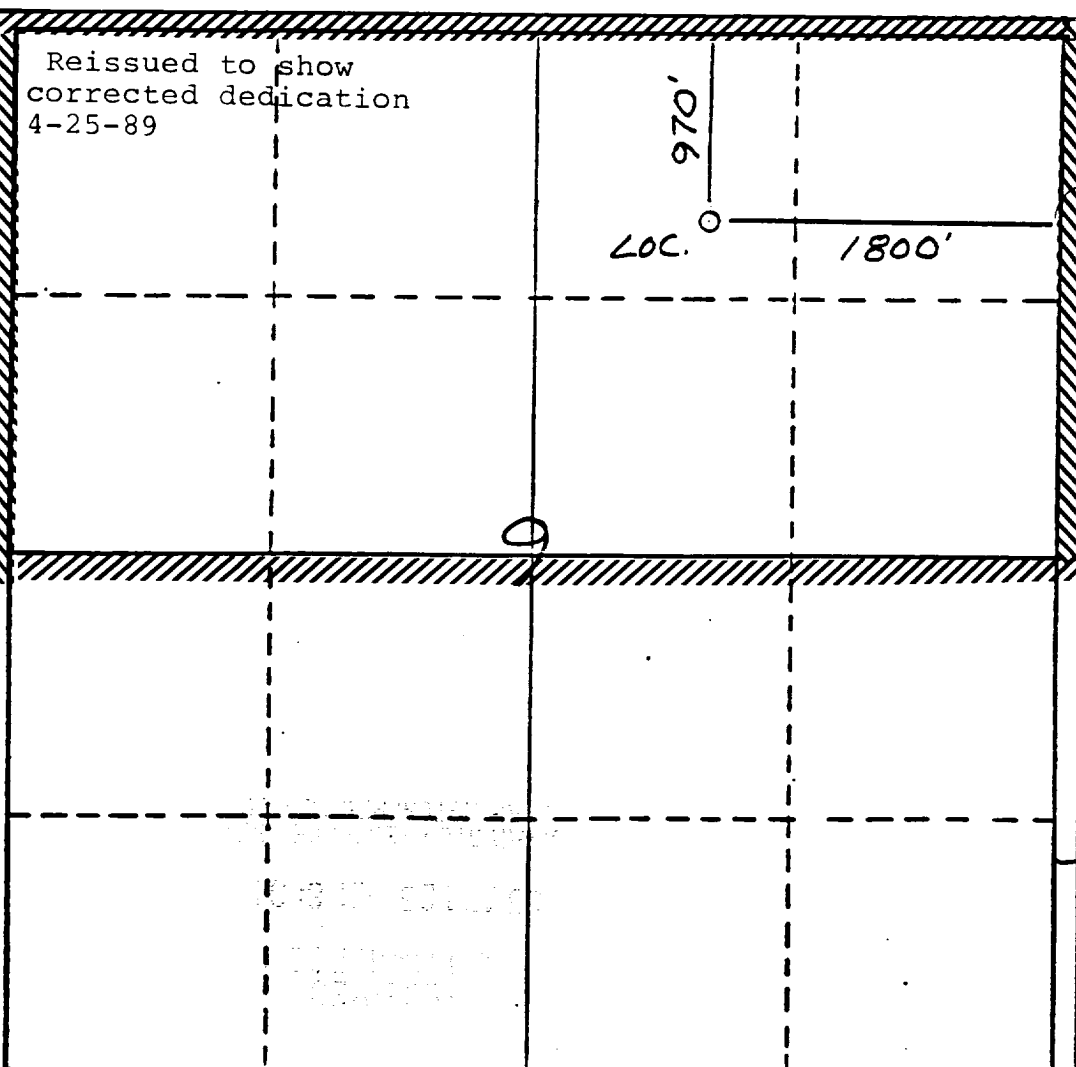
| | | | | | |
|---|---|----------------------|--------------------------|-----------------------------------|-----------------|
| Operator Meridian Oil Inc. | | | Lease NYE (SF-078197) | | Well No. 292 |
| Unit Letter B | Section 9 | Township 29 North | Range 10 West | County San Juan | |
| Actual Footage Location of Well: 970 feet from the North line and 1800 feet from the East line | | | | | |
| Ground Level Elev. 5705 | Producing Formation Dakota Formation | Pool Basin | | Dedicated Acreage: 3.031760 ac | |

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 work 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 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 best of my knowledge and belief.

Name
Regulatory Affairs

Position
Meridian Oil Inc.

Company
April 25, 1989

Date

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

Date Surveyed

10-22-88

Registered Professional Engineer and/or Land Surveyor

Neale C. Edwards

Certificate No.

6857