

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-10938-36	
7. Unit Agreement Name	
8. Farm or Lease Name EPNG Com	
9. Well No. 1	
10. Field and Pool, or Wildcat Blanco Mesa Verde	
12. County San Juan	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER- <input type="checkbox"/>
Name of Operator Meridian Oil Inc.		
Address of Operator PO Box 4289, Farmington, NM 87499		
Location of Well UNIT LETTER H 990 FEET FROM THE East LINE AND 1650 FEET FROM THE North LINE, SECTION 32 TOWNSHIP 30N RANGE 8W NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)  
6155' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER extension <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

A ninety-day extension is requested to secure partner approval to plug back to the Ojo Alamo sandstone and test for injectivity.

RECEIVED  
OCT 13 1988  
OIL CON. DIV  
DIST. 3

EXT. Expires 1-18-89

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 10-14-88

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT #3 DATE OCT 16 1988

CONDITIONS OF APPROVAL, IF ANY: