

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

30-045 17054  
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"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078200A
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. 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 1180'N, 605'E	8. FARM OR LEASE NAME Grambling "C"
14. PERMIT NO.	9. WELL NO. 200
15. ELEVATIONS (Show whether OF, ST, GL, etc.) 6337'GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T30N, R10W NMPM
	12. COUNTY OR PARISH: 13. STATE San Juan NM

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"/>	POLL OR ALTER TISING <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 TISING <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 ☒

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

17. HAS RISE PROMISED OR COMPLETED OPERATIONS (Indicate 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.

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JUN 10 1989

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

also pool change  
②

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 6-19-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

JUL 07 1989

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

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

Operator <b>Meridian Oil Co.</b>			Lease <b>Grambling C SF-078200A</b>		Well No. <b>200</b>
Unit Letter <b>A</b>	Section <b>12</b>	Township <b>T30N</b>	Range <b>R10W</b>	County <b>San Juan County</b>	
Actual Footage Location of Well: <b>1180</b> feet from the <b>North</b> line and <b>605</b> feet from the <b>East</b> line					
Ground Level Elev. <b>6337</b>	Producing Formation <b>Fruitland Coal</b>		Pool <b>Basin Fruitland Coal</b>		Dedicated Acreage <b>296.00</b> 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.  
Reissued to show moved location.

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BUREAU OF LAND MANAGEMENT  
FARMACIA AREA

Note: Non-Standard Loc.  
due to Exist. well  
& pipelines.

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  
**6-19-89**

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  
**June 18, 1988**

Registered Professional Surveyor  
**R. Howard**

Certificate No.  
**9679**

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600