

Submit to Appropriate District Office
State Leases - 4 copies
Fee Leases - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesa, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

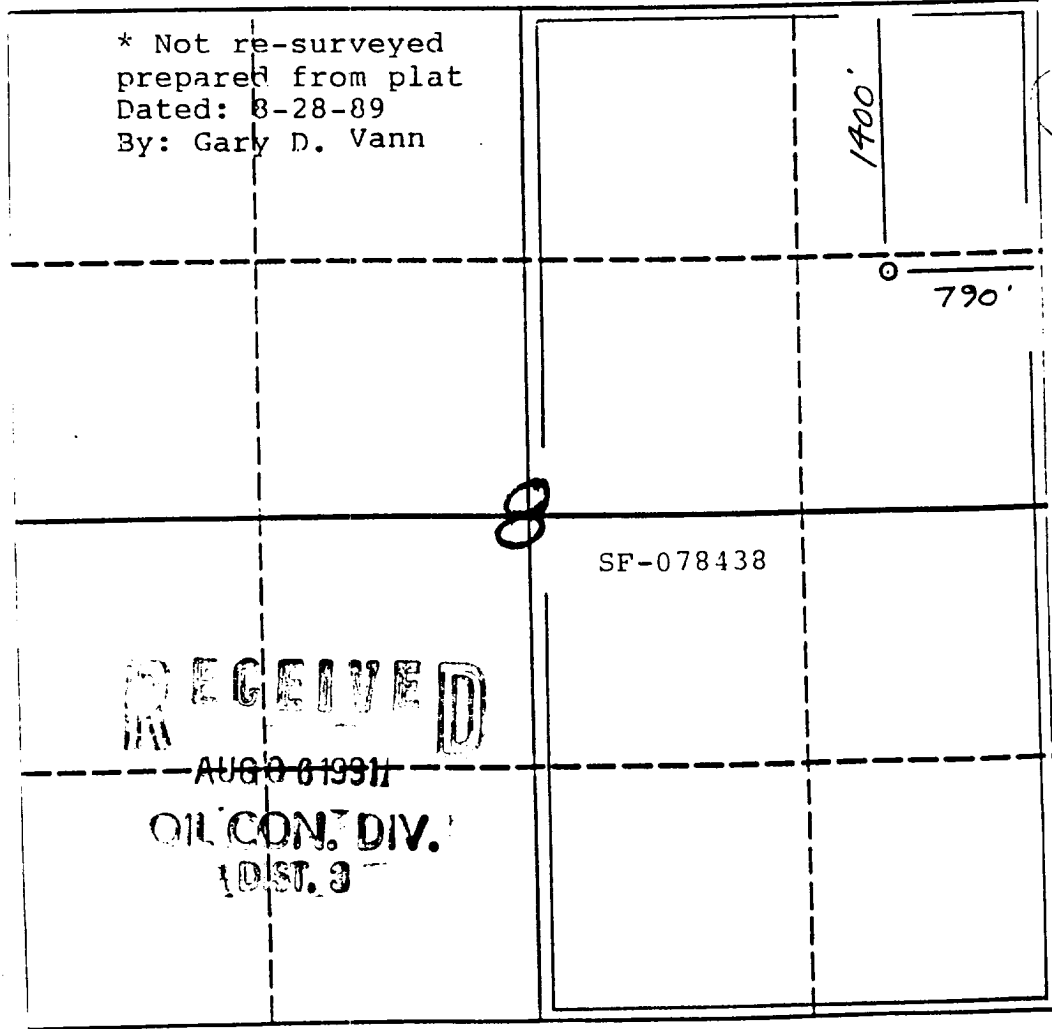
Operator Meridian Oil Inc.		Lease San Juan 32-9 Unit		(SF-078438) Well No. 105
Unit Letter H	Section 8	Township 31 North	Range 9 West	County San Juan
Actual Footage Location of Well: 1400 feet from the North line and 790 feet from the East line				
Ground level Elev. 6755'	Producing Formation Fruitland Coal	Pool Basin	Dedicated Acreage: 320-309.00 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or backbone marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

Yes No If answer is "yes" type of consolidation: unitization

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, encompassing such interest, has been approved by the Division.



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

Peggy Bradford
Signature

Peggy Bradford
Printed Name

Regulatory Affairs
Position

Meridian Oil Inc.
Company

8-5-91
Date

SURVEYOR CERTIFICATION
I hereby certify that the well location shown on this plat was plotted from field notes on 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.

8-2-91
Date Surveyed

Neale G. Edwards
Signature

Professional Surveyor
Title

NEW MEXICO
6857
REGISTERED LAND SURVEYOR
Neale G. Edwards

0 130 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1400'N, 790'E Sec.08, T-31-N, R-9-W, NMPM</p>	<p>5. Lease Number SF-078438</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name San Juan 32-9 Unit</p> <p>8. Well Name & Number San Juan 32-9 Unit #105</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State San Juan County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

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

RECEIVED
AUG 6 1991.
OIL CON. DIV
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed *Regan D. Bradford* Title Regulatory Affairs Date 08-05-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITION OF APPROVAL, IF ANY: