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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1

3a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

**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-		7. Unit Agreement Name
Name of Operator Meridian Oil Inc.		8. Farm or Lease Name Stull
Address of Operator P.O. Box 4289, Farmington, New Mexico 87499		9. Well No. 100
Location of Well UNIT LETTER <u>B</u> <u>1850</u> FEET FROM THE <u>South</u> LINE AND <u>1710</u> FEET FROM THE <u>East</u> LINE. SECTION <u>10</u> TOWNSHIP <u>32N</u> RANGE <u>10W</u> NMPM.		10. Field and Pool, or Wildcat Basin Fruitland Coal
11. Elevation (Show whether DF, RT, CR, etc.) 5943' GL		12. County San Juan

**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 <u>Permit to Drill Extension</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

It is anticipated that the "Permit to Drill" will expire before this well can be spudded; Therefore, an extension is requested.

APPROVAL EXPIRES 11-2-89  
 UNLESS DRILLING IS COMMENCED.  
 SPUD NOTICE MUST BE SUBMITTED  
 WITHIN 10 DAYS.

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

SIGNED Frank T. Chavez TITLE Regulatory Affairs DATE 4-19-89

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: