

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. 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 Heizer
Address of Operator P.O. Box 4289, Farmington, New Mexico 87499		9. Well No. 100
Location of Well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>1605</u> FEET FROM <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>32N</u> RANGE <u>10W</u> NMPM.		10. Field and Pool, or Wildcat Cedar Hill Basal Coal
11. Elevation (Show whether DF, RT, GR, etc.) 5915' GL		12. County San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Permit to Drill Extension</u> <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

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

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

SIGNED Wm. B. Decker TITLE Regulatory Affairs DATE 10-27-88

APPROVED BY Supervisor TITLE Supervisor DATE 10-27-88

CONDITIONS OF APPROVAL, IF ANY: