

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-101  
Revised February 21, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address. Meridian Oil Inc PO Box 4289, Farmington, New Mexico 87499		OGRID Number 14538
		API Number 30 - 0 45-29363
Property Code 6784	Property Name Allison Unit	Well No. 145

7 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	7	32N	6W		875	South	920	West	S.J.

8 Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
W/272.85 Basin Fruitland Coal 71629					Proposed Pool 2				

Work Type Code	Well Type Code	Cable/Rotary	Lease Type Code	Ground Level Elevation
N	G	R	P	6516
Multiple	Proposed Depth	Formation	Contractor	Spud Date
	3135	Fruitland Coal		2nd qtr 1996

21 Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
12 1/4	9 5/8	36# K-55	125	188 cu. ft.	Surface
8 3/4	7	20# K-55	2955	799 cu. ft.	Surface
6 1/4	5 1/2	15.5# K-55	2805-3135	uncemented	

22 Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

11" 2000 psi minimum double gate BOP

RECEIVED  
APR - 2 1996

OIL CON. DIV.  
DIST. 3

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

Signature: *Peggy Bradfield*  
Printed name: Peggy Bradfield  
Title: Regulatory Administrator  
Date: 4-1-96  
Phone: (505) 326-9700

OIL CONSERVATION DIVISION

Approved by: *[Signature]*  
Title: SUPERVISOR DISTRICT # 3  
Approval Date: APR - 2 1996  
Expiration Date: APR - 2 1997  
Conditions of Approval :  
Attached ☐

**C-101 Instructions**

Measurements and dimensions are to be in feet/inches. Well locations will refer to the New Mexico Principal Meridian.

**IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.**

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|---|---|
| <p>1 Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.</p> <p>2 Operator's name and address</p> <p>3 API number of this well. If this is a new drill the OCD will assign the number and fill this in.</p> <p>4 Property code. If this is a new property the OCD will assign the number and fill it in.</p> <p>5 Property name that used to be called 'well name'</p> <p>6 The number of this well on the property.</p> <p>7 The surveyed location of this well New Mexico Principal Meridian NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD Unit Letter.</p> <p>8 The proposed bottom hole location of this well at TD</p> <p>9 and 10 The proposed pool(s) to which this well is beeing drilled.</p> <p>11 Work type code from the following table:<br/>N New well<br/>E Re-entry<br/>D Drill deeper<br/>P Plugback<br/>A Add a zone</p> <p>12 Well type code from the following table:<br/>O Single oil completion<br/>G Single gas completion<br/>M Mutiple completion<br/>I Injection well<br/>S SWD well<br/>W Water supply well<br/>C Carbon dioxide well</p> <p>13 Cable or rotary drilling code<br/>C Propose to cable tool drill<br/>R Propose to rotary drill</p> <p>14 Lease type code from the following table:<br/>S State<br/>P Private</p> <p>15 Ground level elevation above sea level</p> <p>16 Intend to mutiple complete? Yes or No</p> <p>17 Proposed total depth of this well</p> <p>18 Geologic formation at TD</p> <p>19 Name of the intended drilling company if known.</p> | <p>20 Anticipated spud date.</p> <p>21 Proposed hole size ID inches, proposed casing OD inches, casing weight in pounds per foot, setting depth of the casing or depth and top of liner, proposed cementing volume, and estimated top of cement</p> <p>22 Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.</p> <p>23 The signature, printed name, and title of the person authorized to make this report. The date this report was signed and the telephone number to call for questions about this report.</p> |
|---|---|

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Form C-1  
Revised February 21, 19  
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State Lease - 4 Cop  
Fee Lease - 3 Cop

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-045-29363		Pool Code 71629	Pool Name Basin Fruitland Coal
Property Code 6784	Property Name ALLISON UNIT		Well Number 145
GRID No. 14538	Operator Name MERIDIAN OIL INC.		Elevation 6516'

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	7	32N	6W		875	SOUTH	920	WEST	S.J.

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres W/272.85	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16				17 OPERATOR CERTIFICATION			
				I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.			
				Signature Peggy Bradfield Printed Name Regulatory Administrator Title 4-1-96 Date			
				18 SURVEYOR CERTIFICATION			
				I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by or under my supervision, and that the same is true and correct to the best of my belief. 11-16-94 Date of Survey Signature and Seal of Professional Surveyor 			
Certificate Number							