

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 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, Artesia, NM 88210

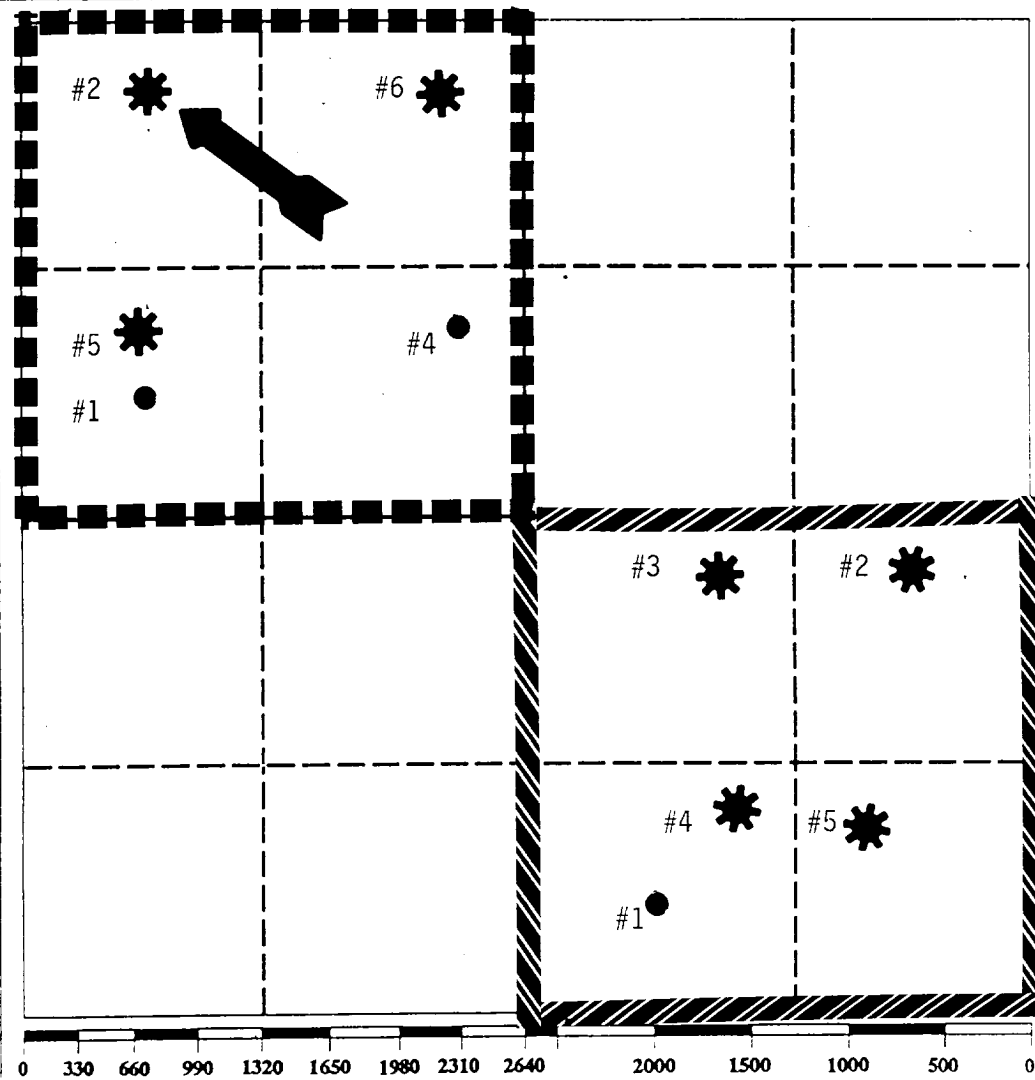
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator MERIDIAN OIL INC.			Lease EMERY KING NW		Well No. 2
Unit Letter D	Section 1	Township 23S	Range 36E	County LEA	NMPM
Actual Footage Location of Well: 660' feet from the WEST line and 330' feet from the NORTH line					
Ground level Elev.	Producing Formation 7RVRS/QUEEN		Pool LANGLIE MATTIX		Dedicated Acreage: 40 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 interest 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 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.

Signature
DONNA WILLIAMS
Printed Name
PRODUCTION ASSISTANT
Position
MERIDIAN OIL INC.
Company
1/17/94
Date

SURVEYOR CERTIFICATION

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

Signature & Seal of
Professional Surveyor

Certificate No.

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Form C-103
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OIL CONSERVATION DIVISION
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WELL API NO. 30-025-09188
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM J549
7. Lease Name or Unit Agreement Name EMERY KING NW
8. Well No. # 2
9. Pool name or Wildcat LANGLIE MATTIX 7RVRS QUEEN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator MERIDIAN OIL INC.
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810	4. Well Location Unit Letter D : 660' Feet From The WEST Line and 330' Feet From The NORTH Line Section 1 Township 23S Range 36E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: PUT WELL BACK ON PRODUCTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

EFFECTIVE DECEMBER 1993, THE AFORE MENTIONED WELL WAS PUT BACK ON PRODUCTION.

INITIAL TEST: 23 OIL/61 WATER/TSTM GAS**

** GAS THAT IS PRODUCED IS BEING USED TO POWER THE MOTOR ON THE UNIT.

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

SIGNATURE Donna Williams TITLE PRODUCTION ASSISTANT DATE 1/17/94

TYPE OR PRINT NAME DONNA WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JAN 20 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810	
4. Well Location Unit Letter <u>D</u> : <u>660'</u> Feet From The <u>WESTH</u> Line and <u>330'</u> Feet From The <u>NORTH</u> Line Section <u>1</u> Township <u>23S</u> Range <u>36E</u> NMPM <u>LEA</u> County <u></u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: METHOD OF WATER DISPOSAL <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

1. PRODUCING FORMATION IS THE 7 RIVERS, QUEEN, GRAYBURG.
2. AMOUNT PRODUCED IS @ 34 BOWPD.
3. CURRENT WATER ANALYSIS IS FORTHCOMING.
4. WATER IS STORED IN A 500 BBL STEEN TANK.
5. WATER IS HAULED BY MCCASLAND SERVICES, INC. BOX 99, EUNICE, NM 88231.
6. WATER IS TAKEN TO STORAGE TANKS ON THE LANGLIE JAL UNIT. IT IS PMPED INTO OUTLYING INJECTION WELLS, AND REINJECTED INTO THE WATERFLOOD PROJECT.

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

SIGNATURE Donna Williams TITLE PRODUCTION ASSISTANT DATE 1/17/94
TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 20 1994