| Submit 1 Copy To Appropriate District | State of New Mexico | | Form C-103 |
|--|---|-------------------------|--------------------------------------|
| Office <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | | | WELL API NO. 30-045-09177 |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE FEE |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreement Name |
| (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.) | | Paul Palmer | |
| 1. Type of Well: Oil Well Gas Well Other OIL CONS. DIV DIST. 3 | | DIV DIST 3 | 8. Well Number #1 |
| 2. Name of Operator Merrion Oil & Gas Corporation | 2. Name of Operator Merrion Oil & Gas Corporation MAR 0 2 / U1/ | | 9. OGRID Number 14634 |
| 3. Address of Operator | | | 10. Pool name or Wildcat |
| 610 Reilly Ave, Farmington NM 8 | Farmington NM 87401 | | Flora Vista MV |
| 4. Well Location | | | |
| Unit Letter_L_:2360feet from theSouth line and830feet from theWestline | | | |
| Section 26 Township 30N Range 12W NMPM San Juan County | | | |
| | 11. Elevation (Show whether DR, 563) | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| | | - | |
| NOTICE OF IN | | | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | _ |
| | | _ | |
| OTHER: \(\subseteq \) Location is ready for OCD inspection after P&A | | | |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. | | | |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | |
| OPERATOR NAME A DAGE NAME WELL NUMBER ARRANGED OUT PERMOUT PERMONAR | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR | | | |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE. | | | |
| | | | |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. | | | |
| ☑ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location. | | | |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | |
| to be removed.) | | | |
| All other environmental concerns have been addressed as per OCD rules. | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. | | | |
| If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well | | | |
| location, except for utility's distribut | ion infrastructure. | | |
| When all work has been completed | raturn this form to the enprepriets F | histriat office to sobe | dula an inspection |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| | | | |
| SIGNATURE //////////////////////////////////// | TITLE Regul | atory Compliance S | Specialist DATE 2/27/2017 |
| SIGNATURE //// // TITLE_Regulatory Compliance SpecialistDATE_2/27/2017 | | | |
| Type or print namePhilana Thompson E-maj address:pthompson@merrion.bz PHONE:505-324-5336 | | | |
| For State Use Only | | | |
| APPROVED BY: | KUM TITLE COM | approprie Of | DATE 3/10/2017 |
| Conditions of Approval (if any): | A | ,, | 7 |
| V | • | | |