Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

| District Office | - | Nevascu 1-1-07 |
|---|---|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | SERVATION DIVISION P.O. Box 2088 | WELL API NO. |
| DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM \$7410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | 30-031-20522 5. Indicate Type of Lesse |
| | | STATE FEE |
| | | 6. State Oil & Gas Lease No. V-1621 |
| | | |
| DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH F | LICATION FOR PERMIT" | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: Oil. GAS WELL X WELL | CTHER | PWU (16789) |
| 2. Name of Operator Merrion 0il & Gas Corporation | (014634) | 8. Well No. |
| 3. Address of Operator | | 9. Pool same or Wildcat |
| 610 Reilly Avenue, Farmington, 1 4. Well Location | M 8/401-2634 | Papers Wash Entrada (49580) |
| Unit Letter $\underline{H}:\underline{2310}$ Feet From The | north Line and 33 | 30 Feet From The east Line |
| Section 16 Township | 19N Range 5W | NMPM McKinley County |
| 10. Elev | ration (Show whether DF, RKB, RT, GR, etc.) 5690' KB | |
| 11. Check Appropriate B | ox to Indicate Nature of Notice, F | Report, or Other Data |
| | | BSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND | ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PI | LANS COMMENCE DRILLIN | IG OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CASING TEST AND C | EMENT JOB |
| OTHER: See below | OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state of | all pertinent details, and give pertinent dates, incl | luding estimated date of starting any proposed |
| work) SEE RULE 1103. | | |
| Merrion Oil & Gas Corporation h | as plans to drill a hori | zontal well in this field. If |
| the drilling is successful, anot | ther SWD well may be need | led. We propose to temporarily |
| abandon this wellbore to allow f | urther evaluation. A detai | led procedure will be submitted |
| within 30 days. | | |
| | | DECEINED |
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| | | UN JUL 1 U 1997 7 |
| | | OIL COM. DIV. |
| A | | |
| I hereby certify that the information above is true and complete to the b | est of my knowledge and belief. | |
| SIGNATURE | Dinning mms Contract En | gineer DATE 7/8/97 |
| | | TELEPHONE NO. |
| TYPE OR PRINT NAME | | I EASTRANE MU. |
| (This space for State Use) | | |
| APPROVED BY Openhaj Columns | On me derive all a bal | STATE JUL 1 0 199 |
| <i>y</i> | | • |