

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-031-20960
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Boomer Sooner
8. Well No. 1
9. Pool name or Wildcat Wildcat Entrada

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 ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Merrion Oil & Gas Corporation
3. Address of Operator P. O. Box 840, Farmington, new Mexico	4. Well Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2305</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>16N</u> Range <u>9W</u> NMPM McKinley County
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 7099' GR	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

Request approval to plug & abandon the Boomer Sooner No. 1, for lack of commercial accumulations of hydrocarbons by spotting cement plugs as follows:

Plug No.	Formation	Top	FROM	TO	CUFT	SX
1	Entrada	3114'	3164'	3064'	30	25
2	Morrison	2018'	2068'	1968'	36	31
3	Dakota	1762'	1812'	1712'	42	36
4	Gallup/Hospah	858'	1014'	808'	85	72
5	Surface Shoe	124'	174'	0'	74	63

Drilling mud will be left between all plugs. Will install dry hole marker and reclaim surface as per surface owners agreement.

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

SIGNATURE Steven S. Dunn TITLE Operations Manager DATE 5/04/92
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY DAVID L. HANSEN TITLE DEPUTY COMMISSIONER DATE 5-5-92
CONDITIONS OF APPROVAL, IF ANY: