

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Merrion Oil & Gas Corp.	8. Farm or Lease Name Rita Corn
3. Address of Operator P. O. Box 840, Farmington, New Mexico 87499	9. Well No. 2
4. Location of Well UNIT LETTER <u>0</u> <u>980</u> FEET FROM THE <u>South</u> LINE AND <u>1820</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>23N</u> RANGE <u>6W</u> NMPM.	10. Field and Pool, or WHdcat
15. Elevation (Show whether DF, RT, GR, etc.) 6773' GL	12. County Rio Arriba

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Resumed production</u> <input checked="" type="checkbox"/>

17. 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.

This well has been shut-in for more than ninety days. Production resumed 7/13/87.

Notice is provided as per Federal Regulations.

RECEIVED
JUL 15 1987
OIL CON. DIV.
SANTA FE

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

SIGNED Frank T. Chavez TITLE Operations Manager DATE 7/14/87

Original Signed by FRANK T. CHAVEZ

APPROVED BY Supervisor District # 3 TITLE Supervisor District # 3 DATE JUL 15 1987

CONDITIONS OF APPROVAL, IF ANY: