Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

| Form C  | -103   |
|---------|--------|
| Revised | 1-1-89 |

| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088  | ON WELL API NO.   |  |
|---|---|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088  |   |  |
| DISTRICT III  | 5. Indicate Type of Lease  STATE FEE X  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | 6. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | 7. Lease Name or Unit Agreement Name  |  |
| 1. Type of Well: OIL GAS OTHER  | Santa Fe 20-21-8  |  |
| 2. Name of Operator MERRION OIL & GAS CORPORATION   | 8. Well No.   |  |
| 3. Address of Operator  | 3   |  |
| P. O. Box 840, Farmington, New Mexico 87499  4. Well Location   | 9. Pool name or Wildcat<br>Snake Eyes Entrada   |  |
| Unit Letter H: 2220 Feet From The North Line and 990 Feet From The East Line  |   |  |
| Section 20 Township 21N Range 8W NMPM San Juan County   |   |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)  |   |  |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |   |  |
| NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  |   |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR   |   |  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR  | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT  |  |
| PULL OR ALTER CASING CASING TEST A  |   |  |
|   |   |  |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date.)   |   |  |
| work) SEE RULE 1103.  | and a surface of the |  |
| Subject well has been shut-in for more than ninety days.  |   |  |
| Production resumed June 22, 1989.   |   |  |
| DECEIVE D   |   |  |
|   | 小<br>JUN2 6 1989  |  |
|   | OIL CONL DIV  |  |
|   | OIL CON. DIV.<br>DIST. 3  |  |
| I hereby certify that the information above is true and conflicte to the best of my knowledge and belief.   |   |  |
|   | ns Manager DATE 6/23/89   |  |
| TYPE OR PRINT NAME  | TELEPHONE NO. 505-327-9801  |  |
| (This space for State Use)  |   |  |
| Original Signod by FRANK T. CHAVEZ  | DATE  |  |
| CONDITIONS OF APPROVAL OF ANY   |   |  |