Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I

CONDITIONS OF AFFROVAL, IF ANY:

OIL CONSERVATION DIVISION WELL API NO.

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088		30-045-27342	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	RICT II Santa Fe, New Mexico 87504-208 Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X		
DISTRICT III 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 TO A 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 WELL WELL X	ET A OUHEN		Santa Fe 20		
2. Name of Operator			8. Well No.		
Merrion Oil & Gas Corpo	ration		4		
3. Address of Operator			9. Pool name or Wildcat ENTrada Snake Eyes Dakota		
P. O. Box 840, Farmingt	on, N.M. 8/499		Shake Eyes	5 Udkoed	
	Feet From The South				
Section 20	Township 21N Ra 10. Elevation (Show whether	mge 8W DF, RKB, RT, GR, etc.)	NMPM San J	Tuan County	
	6,576' GL				
	ppropriate Box to Indicate 1	Nature of Notice, Re			
NOTICE OF INTE	ENTION TO:	D) S [B		RT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	PANS 1940 PF	UG AND ABANDONMENT \Box	
PULL OR ALTER CASING		CASING TESTONLO			
OTHER: Conduct Dakota com	npletion attempt X		DIST. ?		
OTHER: CONQUEC BURGER CO.	process accompt	OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.					
	conduct the following operation out 4-1/2" casing and clean ou		·	ion attempt:	
	d cement 2-7/8" 6.4 lb/ft J-55	•		O' KB with 263 sx	
	'G" 2% gel 50:50 Poz, 10% salt				
3. Clean o	out liner and conduct Dakota c	ompletion.			
interva	pletion successful, propose tal from estimated 2,240' KB to ossible external corrosion.	•	•		
I hereby certify that the information above is true-a	and complete to the best of my knowledge and			T (00 (33	
SIGNATURE	т	ъ <u>Operations N</u>	<u> Manager</u>	DATE 5/29/90	
TYPE OR PRINT NAME Steven S.	Dunn			TELEPHONE NO.	
(This space for State Use)			_		
Original Signed by FR	ANK T. CHAVEZ	SUPERVISOR D	INSTRICT .	JUN 0 1 1990	
APPROVED BY	т	u		DATE	

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