

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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| OPERATOR               |  |

|                                |   |
|--------------------------------|---|
| 5a. Indicate Type of Lease     |   |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 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- Plugged and abandoned  |  | 7. Unit Agreement Name                               |
| 2. Name of Operator<br>Merrion Oil & Gas Corporation   |  | 8. Farm or Lease Name<br>Edna                        |
| 3. Address of Operator<br>P. O. Box 1017, Farmington, New Mexico 87499   |  | 9. Well No.<br>34                                    |
| 4. Location of Well<br>UNIT LETTER <u>E</u> <u>1680</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM<br><u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>24N</u> RANGE <u>6W</u> NMPM. |  | 10. Field and Pool, or Wildcat<br>Devils Fork Gallup |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>6805' KB  |  | 12. County<br>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 <input checked="" type="checkbox"/> Rehabilitation |

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.

Re seeding and rehabilitation of the site has been completed.

RECEIVED  
OCT 03 1984  
OIL CON. DIV.  
DIST. 3

|  |                                 |                     |
|--|---------------------------------|---------------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                 |                     |
| SIGNED <u>John S. [Signature]</u>  | TITLE <u>Operations Manager</u> | DATE <u>10/2/84</u> |
| APPROVED BY <u>Charles [Signature]</u>   | TITLE _____                     | DATE _____          |
| CONDITIONS OF APPROVAL, IF ANY:  |                                 |                     |