| CINCHOT AND WHITEHALS DEPARTME  | NI  |   |
|---|---|---|
| nd. 6+ C6+129 Seccives  | OIL CONSERVATION DIVISION   |   |
| DIS/RIBUTION  | P. O. BOX 2088  | Form C-103                              |
| SANTA FE  | SANTA FE, NEW MEXICO 87501  | Revised 10-1-                           |
| FILE  |   | 5a. Indicate Type of Lease              |
| J.S.G.S.  | ·   |   |
| OPERATOR .  |   | State Fee X                             |
|   | •   | 5. State Oli & Gas Lease No.            |
| 2000  | V. NOTICES AND DEPOSIT  | Ammunian                                |
|   | Y NOTICES AND REPORTS ON WELLS  |   |
| USL -APPLICATI  | POSALS TO DRILL OR TO LEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.) |   |
| OIL GAS   | •   | 7. Unit Agreement Name                  |
| WELL WELL Y   | OTHER-  |   |
| ·   |   | 8. Farm or Lease Hame                   |
| Merrion Oil & Gas Corpo   | ration  | Edna                                    |
| P. O. Box 1017, Farmington, New Mexico 87499  |   | 9. Well No.                             |
| Location of Well  | ton, New Mexico 87499   | 4R                                      |
|   |   | 10. Field and Pool, or Wildcat          |
| UNIT LETTER   | 1280 SEET FROM THE NORTH LINE AND 1280  | Ballard Pic. Cliffs                     |
|   |   |   |
| THE East LINE, SECTION  | -7- TOWNSHIP 24N RANGE NMPM   |   |
|   |   |   |
|   | 15. Elevation (Show whether DF, RT, GR, etc.)   | 12. County                              |
|   | 6742 GL   | Rio Arriba                              |
| 6. Check A  | ppropriate Box To Indicate Nature of Notice, Report or Ot   |   |
| NOTICE OF IN  |   |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | SUBSEQUEN   | T REPORT OF:                            |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON X REMEDIAL WORK  | _                                       |
| TEMPORARILY ABANDON   |   | ALTERING CASING                         |
| PULL OR ALTER CASING  | COMMENCE DRILLING OPHS.   | PLUG AND ABANDONMENT                    |
|   | EMANGE PLANS CASING TEST AND CEMENT JQB   |   |
| OTHER   | OTHER   |   |
| OTHER   |   |   |
| 7. Describe Francised or Completed Ope  | tations (Clearly state all pertinent details, and give pertinent dates, including                                   | estimated date of starting any proposed |
| work) SEE RULE 1103.  |   | o, starting any proposed                |
| Request permission to n   | lug by filling casing from TD 2487' to surface  |   |
| per verbal instructions   | from NMOCC, 3/5/84. Will erect dry hole market  | With Class B cement as                  |
| 1 | will elect dry note market  | r and reclaim surface.                  |
|   |   |   |
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|   |   | i i water.                              |
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|   | <b>4</b> (3   | IUI                                     |
|   | MAR O   | 71984                                   |
|   |   |   |
|   | OIT CON   | V. DIV                                  |
|   | DIST  | . 3                                     |
|   |   | , et                                    |
|   |   | •                                       |
|   |   |   |
|   |   |   |
| I hereby certify that the information ab  | ove is true and complete to the best of my knowledge and belief.  |   |
|   | )   |   |
| 11/2 / 1/2  | Operations Manager  | 2 /5 /04                                |
|   | Title Operations Manager  | DATE 3/5/84                             |
|   |   |   |
| C R   | all Point   | 2 4 12/                                 |
| HOVED BY  | rec veologist I   | DATE 5-1-89                             |
| NDITIONS OF APPROVAL, IF ANY:   |   |   |