

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501.

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Merrion Oil & Gas Corporation	8. Farm or Lease Name Edna
3. Address of Operator P. O. Box 1017, Farmington, New Mexico 87499	9. Well No. 4R
4. Location of Well UNIT LETTER <u>H</u> <u>1845</u> FEET FROM THE <u>North</u> LINE AND <u>1280</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>24N</u> RANGE <u>6W</u> NMPM.	10. Field and Pool, or Wildcat Ballard Pic. Cliffs
15. Elevation (Show whether DF, RT, GR, etc.) 6742' GL	12. County Rio Arriba

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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.

Pumped 2-7/8" casing full of 69 sx Class B (81.42 cu. ft.) cement. Erect dry hole marker.
Plugging completed 3/9/84.

RECEIVED
OCT 17 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Charles Ohlson

TITLE Operations Manager

DATE 10/16/84

Original Signed by CHARLES OHLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

NOV 05 1984

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: