

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
Name of Operator Merrion Oil & Gas Corporation	8. Farm or Lease Name Krystina
Address of Operator P. O. Box 1017, Farmington, New Mexico 87499	9. Well No. 1
Location of Well UNIT LETTER <u>L</u> <u>1820</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>24N</u> RANGE <u>2W</u> NMPM.	10. Field and Pool, or Wildcat <u>no change in pool</u>
15. Elevation (Show whether DF, RT, GR, etc.) 7299' GL	12. County Rio Arriba

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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	

7. 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.

Spud 10/13/84.

Set 7 joints 9-5/8", 36 #/ft, J-55 surface casing @ 322' KB with 170 sx (350.2 cu. ft.)
Class B cement with 3% CaCl₂.
Pressure test to 600 PSI. Held good.

RECEIVED
OCT 17 1984
OIL CONSERVATION DIV.
DIST 3

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

SIGNED [Signature] TITLE Operations Manager DATE 10/16/84

PROVED • Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3
TITLE _____

DATE OCT 17 1984

CONDITIONS OF APPROVAL, IF ANY: