Submit 3 Copies To Appropriate District	State of New Me	xico /		Form C-10	3
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 199	99
1625 N. French Dr., Hobbs, NM 87240		,	WELL API NO.		
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		30-045-30271	£1	
District III	2040 South Pacheco		5. Indicate Type o		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE X		_
District IV 2040 South Pacheco, Santa Fe, NM 8750	_	780	6. State Oil & Ga	is Lease No.	ļ
(DO NOT USE THIS FORM FOR PROI	TICES AND REPORTS ON WELL'S POSALS TO DRILL OR TO DEEPEN OR PLU	JG BAK TO A	7. Lease Name o Name:	r Unit Agreement	
PROPOSALS.)	LICATION FOR PERMIT" (FORMS 101) H	ECEIVED	FLUSH		
1. Type of Well: Oil Well Gas Well		WHON 5			
2. Name of Operator	— Other BWD	LETT. 3	8. Well No.		\dashv
MERRION OIL & GAS C	ORPORATION (014634)	~ 66°	001		
Address of Operator		7/20077 V		Vildcat Mesaverde	
	gton, New Mexico 87401-2634	استعشاعت المستقولية	7. 1 oor manie or v	indeat iviosaverde	
4. Well Location					
					ŀ
Unit Letter_F :	1910 feet from the North	_ line and <u>1765</u>	feet from the _	Westline	
Section 2	Township 26N	Range 13W NI		ounty San Juan	
	10. Elevation (Show whether DI	R, RKB, RT, GR, etc.	.)		
11 01	6047' GL	/ CNI / I	O.1 I		
	Appropriate Box to Indicate Na				
	INTENTION TO:		SEQUENT REF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		ALTERING CASING	ш
TEMPORARILY ABANDON [CHANGE PLANS	COMMENCE DRII	LLING OPNS. 🗌	PLUG AND ABANDONMENT	
PULL OR ALTER CASING [MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID		
OTHER:		OTHER:			
	leted operations. (Clearly state all per	tinent details, and g	ive pertinent dates.	including estimated da	te
of starting any proposed wor or recompilation.	rk). SEE RULE 1103. For Multiple C	Completions: Attach	wellbore diagram	of proposed completion	n
M : 011 0 C	4 1 41	h - f 4hf 4		ricat wall Wa	
	poses to change the setting dept ng at ±200' KB and cement with				
circulated to the surfac	e.				
I hereby certify that the informat	tion above is true and complete to the	best of my knowled	ge and belief.		
SIGNATURE	TITLEEnginee	er		_DATE12/6/00	
Type or print name	Connie S. Dinning	Tele	ephone No. (505)3	27-9801	
				- 00	
(This space for State ISE Signe			INSPECTOR DIST.		JUL
APPPROVED BY	TITLE_			DATE	_
Conditions of approval, if any:					