

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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.O.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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator MERRION OIL & GAS CORPORATION	8. Farm or Lease Name Carnahan Com
3. Address of Operator P. O. Box 840, Farmington, N.M. 87499	9. Well No. 1
4. Location of Well UNIT LETTER P, 990 FEET FROM THE East LINE AND 990 FEET FROM THE South LINE, SECTION 35 TOWNSHIP 30N RANGE 12W NMPM.	10. Field and Pool, or Wildcat Flora Vista Mesaverde
15. Elevation (Show whether DF, RT, GR, etc.) 5911 GR	12. County San Juan

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☐ OTHER Resumed Production ☒

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.

This well has been shut-in for more than 90 days. Production resumed on 1/14/89.

RECEIVED  
MAR 01 1989  
OIL CON. DIV

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

SIGNED Timothy L. Merilatt TITLE Production Foreman DATE 2/28/89

Timothy L. Merilatt

APPROVED BY Original Signed by FRANK I. CHAVEZ TITLE SUPERVISOR DISTRICT 7 DATE MAR 01 1989

CONDITIONS OF APPROVAL, IF ANY: