STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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|------------------------|---|--|
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| SANTA FE | | |
| FILE | | |
| U.\$.0.1. | 1 | |
| LAND OFFICE | | |
| OPERATOR | 1 | |

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 Revised 10-1-78

| SANTA FE, NEW MEXICO 87501 | |
|--|---|
| Kanada and the same and the sam | Sa. Indicate Type of Lease |
| | |
| U.S.O.S. | State X Fee |
| | 5,/State Oil & Gas Lease No. |
| OPERATOR | V 82-3 |
| | THITTINITY IN THE |
| SUNDRY NOTICES AND REPORTS ON WELLS | |
| USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name |
| OIL X GAS OTHER- | |
| Name of Operator | 8. Farm or Lease Name |
| Merrion Oil & Gas Corp. | Zia |
| | 9. Well No. |
| P. O. Box 840, Farmington, New Mexico 87499 | 1 |
| Location of Well | 10. Field and Pool, or Wildcat |
| | Wildcat Mesaverde |
| UNIT LETTER 0 990 FEET FROM THE SOUTH LINE AND 1980 FEET FROM | annininininini |
| | |
| East 2 20N 6W NMPM. | |
| THELINE, SECTIONTOWNSHIP | |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| 6935' KB | NcKinley () |
| | |
| 6. Check Appropriate Box To Indicate Nature of Notice, Report or Other | er Data |
| NOTICE OF INTENTION TO: SUBSEQUENT | REPORT OF: |
| No field of the first seed of | |
| PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| Aftitous nemering nemering | PLUG AND ABANDONMENT |
| TEMPORARILY ABANDON COMMENCE DRILLING OPNS. | |
| PULL OR ALTER CABING CASING TEST AND CEMENT JOB | oduction X |
| other Resumed pro | oduction [A] |
| | |
| OTHER | |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including o | estimated date of starting any proposed |
| work) SEE RULE 1 103. | |
| | |
| | |
| This well has been shut-in for more than ninety days. | |

Production resumed 7/13/87.

Notice is provided as per Federal Regulations.

| | | JUL 15 1987 OIL COM, ONE DIST. S | | |
|--|-------|-----------------------------------|--------------|--|
| | ٠ | | | |
| | | and my bounded and belief. | | |
| 18. I hereby certify that the information above is true and comp | | Operations Manager | DATE 7/14/87 | |
| Original Signed by FRANK T. CHAVE? | | SUPERVISOR DISTRICT # 3 | JUL 15 1987 | |
| CONDITIONS OF APPROVAL, IF ANYS | YIYLE | | | |