

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Benito Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-031-20957
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Grey Mesa
8. Well No. 1
9. Pool name or Wildcat Wildcat Entrada
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6611' GR

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Dry Hole	
2. Name of Operator Merrion Oil & Gas Corporation	
3. Address of Operator P. O. Box 840, Farmington, New Mexico 87499	
4. Well Location Unit Letter C : 990 Feet From The North Line and 2350 Feet From The West Line Section 5 Township 15N Range 6W NMPM McKinley County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6611' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: See Below ☒

12. 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.

7/15/92

This location was covered, seeded and dry hole marker installed.

Surface reclamation completed.

RECEIVED
OCT 15 1992
OIL CON. DIV.
DIST. 3

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

SIGNATURE Steven S. Dunn TITLE Operations Manager DATE 10/13/92
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Original Signed by FRANK J. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE OCT 15 1992
CONDITIONS OF APPROVAL, IF ANY: