Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C.	103	
Revis	ed	1-1-	89

DISTRIC	Ľ			
P.O. Box	1980.	Hobbs.	NM	88240

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

Santa Fe. New Mexico 87504-2088

i. Indicate Type	of Lease	· FI	
30-045	/ 20857		
ELL API NO.	/		

5 1991

STATE DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agree DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Matthews 1. Type of Well: OEL X WEL [2. Name of Operator 8. Well No. Merrion Oil & Gas Corporation 1 9. Pool name or Wildcat Address of Operator P. O. Box 840, Farmington, NM Wildcat Entrada 87499 Well Location 790 West 980 Feet From The South Feet From The Line Sandoval 13N 18 ship 13N Range 6E 10. Elevation (Show whather DF, RKB, RT, GR, etc.) **NMPM** County Township Carrie 5588' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including DIST."3" work) SEE RULE 1103.

X

Request approval to plug this well as follows:

PLUG AND ABANDON

CHANGE PLANS

1. Set bottom plug over Entrada 985'-840', 12.98 cu ft Class "B" neat, density 15.6 lb/gal.

OTHER:

REMEDIAL WORK

COMMENCE DRILLING OPNS

CASING TEST AND CEMENT

- Plug Morrison 650'-518', 2. 12.98 cu ft Class "B" neat w/ 2% CaCl, density 15.6 lb/gal. Will tag plug.
- Spot 27.14 cu ft Class "B" neat, density 15.6 lb/gal from 3. 300'-surface.
- Pump 35.40 cu ft Class "B" neat, density 15.6 lb/gal down bradenhead, to fill from 250' (TOC) to surface.

(Per verbal approval from Charles Gholson, 5/21/91)

I hereby certify that the inform	nation above is true and somplete to the best of my knowledge and belief.	
SIONATURE	mms Operations Manage	r DATE 5/28/91
TYPE OR FOONT NAME	Steven S. Dunn	TELEPHONE NO.

Original Signed by CHARLES GHOLSON APPROVED BY-

DEPUTY OIL & GAS INSPECTOR, DIST. #3

CONDITIONS OF AFTROVAL, IF ANY:

cc: 3 OCD, Aztec 1 Well File