

Submit 3 Copies
to Approprate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

cc: 1 Well File
3 OCD

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO. 30-045-28512
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Santa Fe 20
8. Well No. 5
9. Pool name or Wellnet Gallup

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
2. Name of Operator Merriion Oil & Gas Corporation
3. Address of Operator P. O. Box 840, Farmington, NM 87499
4. Well Location Unit Letter A : 1150 Feet From The North Line and 720 Feet From The East Line Section 20 Township 21N Range 8W N48PM San Juan County 10. Elevation (Show whether DP, RKB, RT, CR, etc.) 6,576' KB

11.

Check Appropriate Box to Indicate Nature of Notice Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING ORS ☐
PULL OR ALTER CASING ☐	OTHER: ☐	ALTERING CASING ☐
OTHER: Plug Back ☒	OTHER: ☐	PLUG AND ABANDONMENT ☐

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.

Request approval to plug back from the Entrada and set casing through the Gallup Formation as follows:

1. Set bottom plug over Entrada 5672'-5572', 50 sx, Class "G", yield 1.15 cu ft/sk, density 15.9 lb/gal.
2. Plug Morrison/Dakota 4781'-4443', 135 sx, Class "B", yield 1.15 cu ft/sk, density 15.9 lb/gal.
3. Run 5-1/2" casing to 3800' and cement w/ 429.55 cu ft Class "B" and 868 cu ft Class "G".

(Per verbal instructions received from Charles Gholson 4-8-91.)

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

SIGNATURE Steven S. Dunn TITLE Operations Manager DATE 4/25/91
TYPE OR PRINT NAME Steven S. Dunn TELEPHONE NO. 327-9801

(This space for State Use)

Original Signed by CHARLES GHOLSON

APPROVED BY

TITLE

DIST. #3

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 26 1991