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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator J. Gregory Merrion	8. Farm or Lease Name Edna
3. Address of Operator P.O. Box 507 Farmington, New Mexico 87401	9. Well No. 4
4. Location of Well UNIT LETTER <u>E</u> , <u>1733</u> FEET FROM THE <u>North</u> LINE AND <u>1147</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>24N</u> RANGE <u>6W</u> NMPM.	10. Field and Pool, or Wildcat Ballard - PC
15. Elevation (Show whether DF, RT, GR, etc.) 6747 FB	12. County Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Will squeeze cement PC perfs., drill out, reperforate and refrac.



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

SIGNED _____	TITLE <u>Operator</u>	DATE <u>November 1, 1974</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DIST. #3</u>	DATE <u>JAN 20 1974</u>
CONDITIONS OF APPROVAL, IF ANY:		