

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E 1207-4	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Merrion Oil & Gas Corporation		8. Farm or Lease Name NCRA State
3. Address of Operator P. O. Box 840, Farmington, New Mexico 87499		9. Well No. 5
4. Location of Well UNIT LETTER <u>D</u> <u>345</u> FEET FROM THE <u>North</u> LINE AND <u>650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>24N</u> RANGE <u>6W</u> NMPM.		10. Field and Pool, or Wildcat Devils Fork MV Ext.
15. Elevation (Show whether DF, RT, GR, etc.) 6552' GL		12. County Rio Arriba

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Cancellation of APD</u> <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.

Please cancel the APD on this location.

RECEIVED
OCT 06 1986
OIL CON. DIV.
DIST. 3

ABANDONED LOCATION

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

SIGNED [Signature] TITLE Operations Manager DATE 10/3/86

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

APPROVED BY _____ TITLE _____ DATE 10/3/86

CONDITIONS OF APPROVAL, IF ANY: