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OPERATOR	1

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-1207-1	

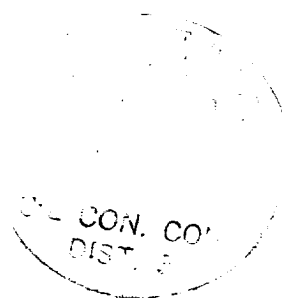
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
J. Gregory Merrion	NCRA State
3. Address of Operator	9. Well No.
P.O. Box 507, Farmington, New Mexico 87401	4
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER J, 1685 FEET FROM THE South LINE AND 1710 FEET FROM	Devils Fork (Gallup)
THE East LINE, SECTION 16 TOWNSHIP 24N RANGE 6W NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
6775 GL 6786 KB	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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Well developed corrosion hole. Rods and tubing were pulled and bridge plug set at 5720'.
Intend to locate and squeeze cement leak and squeeze cement lower Mesaverde 4900-4400'.
Intend to perforate, stimulate and test

Upper Gallup	5644-5654
Mancos	4790-4820
Mesaverde	4530-4540
	4478-4486



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

SIGNED Original Signed	TITLE Operator	DATE August 1, 1974
APPROVED BY <i>[Signature]</i>		
CONDITIONS OF APPROVAL IF ANY:		
TITLE SUPERVISOR DIST. #3		DATE AUG 2 1974