No. of Cutica Hillians	13			•	Fbrm C-103
DISTRIBUTION					Supersedes Old C-102 and C-103
SANTA FE	1		NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
FILE	1				
U.S.G.S.				:	5a. Indicate Type of Lease
LAND OFFICE	1				State Fee X
OPERATOR	171				5. State Oil & Gas Lease No.
	11				
<u> </u>	CLIN	IDDY NOTICE	C AND DEPORTS OF	WELLS	mmmmm -
(DO NOT USE THIS FO					
1.	· APPL	ICATION FOR PERM	IT -** (FORM C-101) FOR SU	CH PROPOSALS.)	7. Unit Agreement Name
OIL THE GAS					
well A well 2. Name of Operator	<u> </u>	OTHER-	 		8. Farm or Lease Name
J. Gregory Merr					
3. Address of Operator	Edna 9. Well No.				
•					
P.O. Box 507, F	2				
4. Location of Well	10. Field and Pool, or Wildcat				
UNIT LETTER O	Devils Fork Gallup				
THE East	INE, S	ECTION	township 24N	HANGE 6W	RHPM.
	////	111111111111111111111111111111111111111	5. Elevation (Show whethe	r DF, RT, GR, etc.)	12. County
	////		6885 KB		Rio Arriba
16.	Che	ck Appropriat	e Box To Indicate	Nature of Notice, Report	
NOTE		F INTENTION			QUENT REPORT OF:
NOTE	JE 01	F 141 EN 11ON	10.	SUBSE	QUENT REPORT OF:
[v	7			·	<u> </u>
PERFORM REMEDIAL WORK	4		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	-			COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	ا		CHANGE PLANS	CASING TEST AND CEMENT JOB	
			-	OTHER	
OTHER			L_		
17 Describe Proposed or Co	mplets	d Operations (Cle	early state all pertinent de	tails and give pertinent dates i	ncluding estimated date of starting any proposed
work) SEE RULE 1103.	mpicio	o operations (or	and and are personed ac	tana, and gove personelle deserg, t	serial transfer date of stational distribution
				le with oil and per	
4798-48 04 , 47	77–4	780, 4707-4	4711, 4700-4703,	4692-4694, and 460	2-4612 with 2 holes
per foot.					
Will run to	ıbin	g with stra	addle packer and	acidize and test e	ach zone. Will
sand-oil frac	ture	treat any	zone which indi	cates oil production	n.
					•
					· C. Alexander
					and the second s
				•	
					The state of the s
					A CALL CONTRACTOR AND A CONTRACTOR OF THE CONTRA
					EAST 3
18. I hereby certify that the	nforma	ation above is true	and complete to the best	of my knowledge and belief.	
•			•	-	
Original St	المالافرادي المركز لا الما	ويوم البردد		Onorator	May / 1077
SIGNED I. Grecco	7 •5.0		TITLE	Operator	DATE May 4, 1977
<u> </u>		1	1		20
	/ X	all Nous	<i>4</i> / /	UPERVISOR DIST. 45	MAY 5 1977
ADDROVED BY / ////	/ 1/	11/11/11/11/11	1/		DATE U WI

CONDITIONS OF APPROVAL IF ANY: