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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E 29137	
7. Unit Agreement Name	
8. Farm or Lease Name	
Canyon Largo Unit	
9. Well No.	
321	
10. Field and Pool, or Wildcat	
Devils Fork Gallup Ext.	
12. County	
Rio Arriba	

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 ☒ GAS WELL ☐ OTHER- ☐

2. Name of Operator
Merrion Oil & Gas Corporation

3. Address of Operator
P. O. Box 1017, Farmington, New Mexico 87499

4. Location of Well
UNIT LETTER A 790 FEET FROM THE North LINE AND 790 FEET FROM
THE East LINE, SECTION 32 TOWNSHIP 25N RANGE 6W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6788' GL

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

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.

Spud 3/30/83. Drill to 224' KB. Set 210' of 8-5/8" casing @ 224' KB with 175 sx Class B 2% CACL. (360.5 cu. ft.)
Circulated 5 Bbls cement to surface.
Pressure tested casing to 600 PSI before drillout. Held OK.

RECEIVED
APR 5 - 1983
OIL CON. DIV. 1
DIST. 3

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

SIGNED Frank T. Chavez TITLE Operations Manager DATE 4/4/83

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE APR 5 - 1983

CONDITIONS OF APPROVAL, IF ANY: