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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form 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-291-5
7. Unit Agreement Name
8. Farm or Lease Name Canyon Largo Unit
9. Well No. 335
10. Field and Pool, or Wildcat Devils Fork Gsllup
12. County Rio Arriba

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPLM OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
1. Name of Operator Merrion Oil & Gas Corporation
2. Address of Operator P. O. Box 1017, Farmington, New Mexico 87499
3. Location of Well UNIT LETTER <u>F</u> <u>1620</u> FEET FROM THE <u>North</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>25N</u> RANGE <u>6W</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6785' GLCheck Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input 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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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 4:30 PM 3/2/84.
Set 5 joints, 210.22', 8-5/8" surface casing @ 222' KB with 175 sx (360.5 cu. ft.)
Class B cement. (Grade - J-55.)
Circulated 3 Bbls to surface.
Pressure test to 600 # for 30 minutes.

RECEIVED
MAR 08 1984
OIL CON. DIV.
DIST. 3

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 3/7/84APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE MAR 08 1984

CONDITIONS OF APPROVAL, IF ANY: