

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-291-5	

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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator			8. Farm or Lease Name
Merrion Oil & Gas Corporation			Canyon Largo Unit
Address of Operator			9. Well No.
P. O. Box 1017, Farmington, New Mexico 87499			335
Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER <u>F</u> <u>1620</u> FEET FROM THE <u>North</u> LINE AND <u>1750</u> FEET FROM			Devils Fork Gallup
THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>25N</u> RANGE <u>6W</u> NMPM.			
15. Elevation (Show whether DF, KT, GR, etc.)			12. County
6785' GL			Rio Arriba

Check 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 type="checkbox"/>	OTHER <u>Rehabilitation</u> <input checked="" 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.

Reseeding and rehabilitation have been completed on this well site.

RELEASED
AUG 23 1984
OIL CON. DIV.
DIST. 3

8. 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 8/22/84APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE AUG 23 1984

CONDITIONS OF APPROVAL, IF ANY: