

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-193
Revised 10-1-78

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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 P 1090 FEET FROM THE South LINE AND 1070 FEET FROM
THE East LINE, SECTION 35 TOWNSHIP 30N RANGE 12W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Carnahan Com

9. Well No.
2

10. Field and Pool, or Wildcat
Basin Dakota

15. Elevation (Show whether DF, RT, GR, etc.)
5905' GR

12. County
San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

Spud 6/15/84
Set 5 joints of 8-5/8" surface @ 230 KB with 170 sx Class B (350 cu. ft.) cement. (J-55)
Pressure tested to 600 PSI for 10 minutes. Held OK.
Circulated 3 Bbls cement to surface.

RECEIVED
JUN 21 1984
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Operations Manager DATE 6/18/84

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE _____ SUPERVISOR DISTRICT # 3 DATE JUN 21 1984

CONDITIONS OF APPROVAL, IF ANY: