State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

=

WELL API NO.
30-045-29458

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

Havasu

2. Name of Operator

Merrion Oil & Gas Corporation   (014634)

8. Well No.
1   (20851)

3. Address of Operator

610 Reilly Avenue, Farmington, NM 87401-2634

9. Pool name or Wildcat
Basin Fruitland Coal (71629)

4. Well Location

Unit Letter __P__ : __790__ Feet From The ___south___ Line and ___790___ Feet From The ___east___ Line

Section __22__   Township __32N__   Range __13W__   NMPM   San Juan   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5924' GL

11.   **Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐
OTHER:_____ ☐		OTHER:___WELLNAME CHANGE___ ☒

12. 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.

The abvoe referenced well name has been changed as follows:

HAVASU NO. 1   TO   HAVASU COM NO. 1

RECEIVED
NOV 1 3 1997
OIL CON. DIV.
DIST. 3

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

SIGNATURE _____ TITLE __Drlg & Prod Manager__ DATE __11/12/97__
         Steven S. Dunn

TYPE OR PRINT NAME   TELEPHONE NO.

(This space for State Use)

APPROVED BY __Original Signed by FRANK T. CHAVEZ__ TITLE _____ SUPERVISOR DISTRICT __ NOV 1 3 1997
                                                                     DATE _____

CONDITIONS OF APPROVAL, IF ANY: