

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 08 2016

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.Farmington Field Office
Bureau of Land Management5. Lease Serial No.
NMNM97876. If Indian, Allottee or Tribe Name
Navajo

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator
Merrion Oil & Gas Corporation3a. Address
610 Reilly Ave Farmington, NM 874013b. Phone No. (include area code)
505-486-11714. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1460 FNL & 870 FWL S17, T29N, R13W

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
Dome Federal 17-27-13 #19. API Well No.
30-045-23401

10. Field and Pool or Exploratory Area

11. Country or Parish, State
San Juan County, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

The above mentioned well was plugged 1/21/1993 and inspected on 4/1/2016. NAPI had removed the DHM. This former location is in the middle of an active crop circle.

Merrion requests to FAN the location

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
Philana Thompson

Title Regulatory Compliance Specialist

Signature

Date 08/08/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

MB 8/10/16

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCD

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KC

Final Reclamation Inspection/Monitoring - Environmental

Case #: Lease #: NMNM9787 Operator: MERRION Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Multi-Well Location Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Well Name: Well #: DOME FED 17-27-13 #1 API #: 30-045-23401 Well Status: P&A Plugged Date: 01/21/2016
Twn: 27N Rng: 13W Sec: 17 Qtr: N/S Foot: 1460' N E/W Foot: 870' W	County: SAN JUAN State: NM Lat: Long:		Facility ID: Facility Name: H2S: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Surface Owner: BIA Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inspection Activity: ES/ SA	
Office Time: .5	Travel Time: .5	Inspection Time: .75	Trips: 1
Inspection Open Date: 4/1/2016		Inspection Close Date: 4/11/2016	Inspector: Bullock

Inspected: Well/Facility Location ☒; Road ☐; Pipeline ☐; Power Line ☐; Other ☐

Inspection Items	Met	Not Met	N/A	Order/ INC
1. All Facilities Removed for Final Reclamation (Including cement, surface and shallow pipes, risers, markers, signs, fences, culverts, gates, cattleguards, trash, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Surfacing Material Removed from Location and Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Free of Oil or Salt-Contaminated Soil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Compacted Areas Ripped/Disked (Locations, Roads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. All Original Disturbance Areas Recontoured Back to Original Contour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Adequate Topsoil Replaced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Seeded Drill Seeded <input type="checkbox"/> Broadcast Seeded <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Adequate Surface Roughness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Erosion and Runoff Controlled Methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Mulch Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Reclamation Fence: Follow-up needed to ensure fence removal? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Dry-hole Marker: Surface Monumented <input type="checkbox"/> Subsurface Monumented (preferred) <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Free of Noxious or Invasive Weeds Treatment Needed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Species Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14. Revegetation Success & Desired Species Density/Cover Measurement and % Species Types and % Reference Site Density/Cover Measurement and % Reference Site Species Types and % Transect Sheets Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15. Overall Site Stability (Wind & Water Erosion, Subsidence, Vegetation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
16. Split Estate: Surface Owner Consultation/Concurrence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17. Other: (Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Summary: All Reclamation Work According to the Approved Reclamation Plan & BLM Policy and Successful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Final Reclamation Approvable - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Comments, Inspection/Monitoring Results, and Additional Actions Necessary:

- NAPI
- CAN'T FIND DHM
- CHECK WELLFILE

Original Disturbance Acres/Well: (including location, roads, and pipelines):		Meets Final Reclamation Standards Acres/Well:	
Follow-up Requirements: Choose an item.	Correct problem by: Click here to enter a date.	Next Inspection date: Click here to enter a date.	Date AFMSS updated: Click here to enter a date.

Order/INC No.

The Privacy Act of 1974 and the regulations in 43 CFR 2.48(d) require that you be furnished the following information.

Authority: 30 U.S.C. 181 et seq.; 43 CFR 3160; Onshore Oil and Gas Order No. 1.

Principal purpose: The BLM uses this information to document and track compliance with the terms of a Federal permit and to contact permittees and affected parties.

Routine uses: (1) Document and track compliance with permit conditions. (2) Gather contact information for permittees and parties affected by the permit, for example, split estate surface owners. (3) Track monitoring data. (4) Information from the record and/or the record will be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions.

Effect of not providing information: Disclosure of the information is voluntary; however, failure to provide the requested information may impede individual participation.

Final Reclamation ES – Photo Log

PHOTO NUMBER	PHOTO INFORMATION
1.	NAPI
2.	NAPI
3.	NAPI
4.	
5.	
6.	
7.	
8.	

Photo 1



Photo 2



Photo 3



Photo 4