

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-1.3
Expires August 31, 1985
5. LEASE, DESIGNATION AND SERIAL 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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Merrion Oil & Gas Corporaiton

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmingotn, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FSL and 2310' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6,787' KB

NM-5980

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 21

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Ojo Encino

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T20N, R5W

12. COUNTY OR PARISH 13. STATE
McKinley New Mexico

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |

(Other) _____

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Merrion Oil & Gas Corporation requests that the subject well remain shut-in. We are currently reviewing various alternatives to maximize oil recovery from the Entrada formation. These include possibly utilizing the subject well to (1) re-enter and kick off as a horizontal well, or (2) use the well in a CO₂ tertiary recovery project. In either case, an unplugged wellbore will likely be useful and valuable.

THIS APPROVAL EXPIRES JUL 14 1990

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

SIGNED

T. Greg Merrion

TITLE Production Engineer

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

APPROVED

DATE 8/16/89

AUG 24 1989
DATE

Ken Townsend
FOR AREA MANAGER
FARMINGTON RESOURCE AREA