

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM4953
2. NAME OF OPERATOR Merrion Oil & Gas Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,980' ENL and 990' FWL		8. FARM OR LEASE NAME Federal 15
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6,925'		10. FIELD AND POOL, OR WILDCAT Papers Wash Entrada
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T19N, R5W
		12. COUNTY OR PARISH McKinley
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
Other: ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Well History - LINER CMNT ☒

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

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.)

February 3, 1990

Ran 32 jts 4-1/2" 11-6, LT&L casing, with CTC packer and TIW port collar. Ran 2-7/8" tubing stinger and cement swab assembly inside casing. Would not pass locator sub, POH, changed swab cup, RIH filling back side - okay. Made up liner hanger and RIH on DP. Washed from 5,738' - 5,864'. Circulated, reciprocated liner. Hung liner - shoe @ 5,864', hanger @ 4,568'. Batch mixed cement slurry, pumped 2 Bbls of water ahead, tested lines to 3,500 psi. Pumped cement to rig floor, dropped plug, pumped 16.5 Bbls cement, dropped top plug, pumped 20.7 Bbls water. Pressured to 900. No indication of CTC packer inflating. Pressured to 1,600 psi. Lost pressure. Picked up to port collar and completed displacement. Static U-tube pressure 240 psi. Closed port collar, POH 22 stands. Suspect top swab cup ruptured.

MAR 6 1990

OIL CON. DIV.,

DIST. 3

18. I, the undersigned, certify that the foregoing is true and correct

SIGNED

Steven S. Dunn

TITLE Operations Manager

Accepted For Record 2/21/90

(This space for Federal or State office use)

MAR 13 1990

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

cc: Well file
Bruce D. Locke
Kevin Preston

*See Instructions on Reverse Side

Chief, Branch of
Mineral Resources
Farmington Resource Group