

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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. NM 24964
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 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State well laws. See also space 17 below.) At surface 1785' FNL and 2175' FEL	8. FARM OR LEASE NAME Pot Mesa
14. PERMIT NO.	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT WC Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T20N, R6W
15. ELEVATIONS (Show whether surface or subsurface) 6891' GL	12. COUNTY OR PARISH McKinley
	13. STATE New Mexico

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FARMINGTON RESOURCE AREA

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) <u>Spud, Surface Casing</u>	
(Other) <input type="checkbox"/>		(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.)*

Spud 10/23/85.

Ran 905/8", 23 #/ft, J-55 surface casing. Set casing at 96' KB with 80 sx Class B 2% CaCl₂ (94.4 cu. ft.).

Pressure tested casing to 600 PSI for 30 minutes. Held.

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OIL CONSERVATION
DISTRICT

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

SIGNED Alan J. Salas TITLE Operations Manager DATE 10/24/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA