

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-G-15
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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
465' FSL and 2300' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, GK, etc.)
6901' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 53926

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Corrales

9. WELL NO.
2

10. FIELD AND POOL OR WILDCAT
WC Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T20N, R6W

12. COUNTY OR PARISH 13. STATE
McKinley Co. New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	FULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) well testing	

(Other) pump test X

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cite 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.)*

2/1/89 - 2/2/89: Flowed well 24 hours and made 2 BO, 0.5 BW, and 87 MCF. Well logged off during test. Shut well in after test.

Request permission to pump test subject well 30 days since flowing test was inconclusive.

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

SIGNED T. Greg Merrion TITLE Production Engineer DATE 2/8/89
T. Greg Merrion
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____
ACCEPTED FOR RECORD
FEB 27 1989

*See Instructions on Reverse Side