

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Office No. 1004-0133  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Merrion Oil & Gas Corporation		8. FARM OR LEASE NAME Little Blue Federal	
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 330' FWL		10. FIELD AND POOL, OR WILDCAT Undesignated Mesaverde	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6601'	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T19N, R5W		12. COUNTY OR PARISH McKinley	
		13. STATE 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) Change Plans <input checked="" 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.)\*

We are continuing our testing of the subject well and would like a 90 day extension on our test period. We have two additional intervals we would like to isolate and pump test (740 to 882 and 1881 to 1998, perfs already open). We would like to pump test each interval before, and if needed, after a frac job. We anticipate that this will take 90 days.

RECEIVED  
JUN 17 1990  
THIS APPROVAL EXPIRES  
MAR 26 1990  
OIL CON. DIV  
DIST. 3

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

SIGNED [Signature]  
(This space for Federal or State office use)

TITLE Petroleum Engr

DATE 2-21-90

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Approved [Signature]  
DATE MAR 19 1990  
Chief, Branch of  
Mineral Resources  
Farmington Resource Area

cc: Well file

\*See Instructions on Reverse Side