

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0115
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.)

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla 428
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla 428
9. WELL NO.
2
10. FIELD AND POOL OR WILDCAT
Und. Gallup/Dakota/Mesav
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, **T23N, R4W**
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico

1. OIL WELL GAS WELL OTHER
2. NAME OF OPERATOR
Merrion Oil & Gas Corp.
3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, New Mexico 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
790' FNL and 790' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GK, etc.)
6856' -KB

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	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANE	(Other) Resumed Production	
(Other)		(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.)*

The subject well has been shut-in more than ninety days. Production resumed 4/20/89.

RECEIVED
JUN 11 1990
OIL COMPANY
05

18. I hereby certify that the foregoing is true and correct
SIGNED Steven S. Dunn TITLE Operations Manager DATE 4/25/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: **LAMOOD** **MAY 2 1989**

ACCEPTED FOR RECORD

FARMINGTON RESOURCE AREA
Sm

*See Instructions on Reverse Side