Form 3160-5
(November 1983)
(formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
Contract 429

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME
Jicarilla

OIL WELL [ ] GAS WELL [X] OTHER

8. FARM OR LEASE NAME
Jicarilla 429

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

9. WELL NO.
3

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, New Mexico 87499

10. FIELD AND POOL, OR WILDCAT
Ballard Pic. Cliffs

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
990' FNL and 990' FEL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T23N, R5W

RECEIVED
SEP 3 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6844' GR

12. COUNTY OR PARISH
Sandoval

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	[ ]	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*	[X]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.)*

Filled casing with 70 sx Class B (82.6 cu. ft.) cement from TD to surface.

Work completed 8/24/85.

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

SIGNED [signature] TITLE Operations Manager DATE 8/29/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 05 1985

CONDITIONS OF APPROVAL, IF ANY:

for AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.