Form 3160-5
November 1983
Formerly 9-331

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

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deep...)

WELL: X

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

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

1650' FNL and 790' FEL

RECEIVED
DEC 09 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

8. FARM OR LEASE NAME
Jicarilla 430

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Undes. Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T23N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6821' GL

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*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Change of field			
(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.)*

Please change the field from Undesignated Gallup
to South Lindrith Gallup Dakota (Per NMOCD instructions.)

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

SIGNED _____ TITLE Operations Manager DATE 12/5/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCD