Form 3160-5
(December 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

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.: Cont. 429

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Jicarilla

7. UNIT AGREEMENT NAME:

OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Merrion Oil & Gas Corporation

8. FARM OR LEASE NAME: Jicarilla 429

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

9. WELL NO.: 4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1850' FSL and 790' FEL

RECEIVED
MAY 31 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT: Undes. Gallup

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

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6922' 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) First 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.)*

Pressure tested production casing to 4000 PSI for 30 minutes. Held good.

First Production: 5/27/85

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

SIGNED [signature] TITLE Operations Manager DATE 5/30/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

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.