Form 3160-5 November 1983) Formerly 9-331) DEP/	UNITED STATES ARTMENT OF THE INTERI	SUBMIT IN TRIPLICATES (Other instructions on re	Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.	
	UREAU OF LAND MANAGEMEN		Cont. 429	
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.)			Jicarilla 7. UNIT AGREEMENT NAME	
OIL GAS WELL OT	THER			
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Merrion Oil & Gas Corporation			Jicarilla 429	
3. ADDRESS OF OPERATOR			9. WELL NO.	
P. O. Box 1017, Farmington, New Mexico 87499			10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  [] E C E I V E D				
			Undes. Gallup	
1850' FSL and 790' FEL ADD 10 1985			SURVEY OR AREA	
			Com 24 M22N D5W	
	15. BLEVATIONS (Show whether D.	F RT. GR. etc.)	Sec. 24, T23N, R5W 12. COUNTY OR PARISH 13. STATE	
14. PERMIT NO.		an a fig.	Sandoval New Mexico	
	6922' GL		- Damagraphic -	
16. Che	eck Appropriate Box To Indicate I	Nature of Notice, Report, or	Other Data	
NOTICE	OF INTENTION TO:	80 B##	QUENT REPORT OF:	
	THE CLEING	WATER SHUT-OFF	REPAIRING WELL	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	FRACTURE TREATMENT	ALTERING CASING	
FRACTURE TREAT	MULTIPLE COMPLETE	SHOOTING OR ACIDIZING	ABANDON MENT®	
SHOOT OR ACIDIZE	ABANDON*	(Other) Spud time		
REPAIR WELL	CHANGE PLANS	Money Poport regul	its of multiple completion on Well apletion Report and Log form.)	
(Other)	ETER OPERATIONS (Clearly State oil pertine		es including estimated date of starting any	
17. DESCRIBE PROPOSED OR COMPLE proposed work. If well is nent to this work.) *	directionally drilled, give subsurface loc	ations and masured and true vert	cical depths for all markers and zones perti-	
Spud 3/26/85, 9:45	5 AM.			
			<del>-</del>	
			10 m (41 m) 10 m (41 m) 10 m (41 m)	
			. v '	
J matine 5	uchusen attacked.			

the foregoing is true and correct 4/17/85 Operations Manager DATE TITLE . SIGNED ACCEPTED FOR RECORD (This space for Federal or State office use) DATE \_ TITLE APPPOVED BY CONDITIONS OF APPROVAL, IF ANY: APR BB tubb

FARMINGTON RESOURCE AREA