

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
ORIGINAL AND TWO COPIES TO THE

Form 3160-5
Bureau of Land Management
Department of the Interior
Washington, D.C. 20250

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen, or for completion or recompletion reports on wells.

RECEIVED

DEC 09 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

1. NAME OF OPERATOR
Merrion Oil & Gas Corporation

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

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

660' FSL and 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether 15, 87, GL, etc.)

6874' GL

7. WELL NAME

Jicarilla 430

8. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Undes. Gallup

11. SEC., T., R., W., OR B. AND
SUEVED OR AREA

Sec. 25, T23N, R5W

12. COUNTY OF PARISH 13. STATE

Sandoval

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of field

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(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 NMOCDD instruction.)

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