

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985
3. LEASE DESIGNATION AND SERIAL NO.

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.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER
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
660' FSL and 660' FEL

Cont. 430
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla-430

9. WELL NO.
10

10. FIELD AND POOL OR WILDCAT

S. Fin. Unders. Gallup/Dak.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T23N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
6874' GL

12. COUNTY OR PARISH

Sandoval

13. STATE
NM

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 PLANT

(Other)

Resumed Production

X

(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.)

The subject well has been shut-in more than ninety days. Production resumed 4/20/89.

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

SIGNED

Steven S. Dunn

TITLE Operations Manager

DATE 4/25/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 2 1989

AMCOCL

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side