ੁਕਵਕ 3160–5 (November 1983)	UNITED ST	STATES SUBMIT IN TRIPLICATE* Other instructions on re-		Budget Bu	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985	
(Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other Instructions on re- BUREAU OF LAND MANAGEMENT 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 DESIGN	ATION AND SERIAL NO.	
				Cont_ 430	Cont. 430	
				Jicarilla	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
1.	APPLICATION FOR PERM	11 107 such pr	oposais.)	7. UNIT AGREEM	ENT NAME	
	THER					
2. NAME OF OPERATOR Merrion Oil & Gas Corporation					8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR	corporation			Jicarilla 9. WELL NO.	430	
P. O. BOx 840, Fart	mington, New Mex	ico 87499		9		
4. LOCATION OF WELL (Report lo See also space 17 below.)	cation clearly and in accor	dance with any	te requirements,	10. FIELD AND P	OOL, OR WILDCAT	
At surface	and 660' FEL		TEUEIVEL	Undes. Gal		
25±0 F3.	and ood ran			11. SBC., T., R., M SURVEY OF	I., OR BLK. AND LARBA	
			Adj 19 198	5 Sec. 36, ប	23N R5W	
14. FERMIT NO.	15. ELEVATIONS	ELEVATIONS (Show whether DF, RT, GR, etc.)			PARISH 13. STATE	
					New Mexico	
16. Ch	eck Appropriate Box	To Indicate N	ature of Notice, Report,	or Other Data		
				BEEQUENT REPORT OF:	UNNT ESPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CAS	BING	WATER SHUT-OFF	REPAI	RING WELL	
FRACTURE TREAT	MULTIPLE COMPLET	TE	FRACTURE TREATMENT		ING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING		ONMENT*	
(Other)	CHANGE PLANS		(Other) Spud , Sur	face Casing esults of multiple compl		
Ran 8-5/8", 23 #/ft Class B, 3% CaCl2.	. J-55 surface of Circulated 3 Bb	casing. So ols to suri	et casing @ 218' K Tace.	B with 170 sx	(200.5 cu. ft.	
Pressure tested to	600 PSI for 30 A	dinutes. A	deld.			
				Company of the second		
					\$ 500 the rome	
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				Alles	18 v.) 18 v. – 18 v. –	
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					A MALL OF	
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					e e tink eg v	
18. I hereby certify that the fore	A = I					
SIGNED SIGNED	Min is true and correct	ODG	rations Manager		9/15/05	
(This space for Federal or Si	ate office use)	LALLEY L		DATE	8/15/85	
	V V			ESS ESS	FER REPORD	
CONDITIONS OF APPROVA	L, IF ANY:	TITLE		DATE		
4					,335	
				gadis.		
*See Instructions on Reverse Side					KLLJUNGE MKLA	
		NM	<u>ነርሮ</u>	RY	! /	

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.