

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0-1-1
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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. 430
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 2310' FSL and 660' FEL	8. FARM OR LEASE NAME Jic 430
14. PERMIT NO.	9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6791' GL	10. FIELD AND POOL, OR WILDCAT Undes. Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T23N, R5W
	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 COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	OTHER: <u>Resumed Production</u> ☒	

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 4/23/89.

RECEIVED
JUN 11 1990
OIL CON. DIV
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED: Steven S. Dunn
(This space for Federal or State office use)

TITLE: Operations Manager

DATE: 4/25/89
ACCEPTED FOR RECORD

APPROVED BY: _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE: _____

DATE: MAY 2 1990

NMOCD

FARMINGTON RESOURCE AREA
BY: SM

*See Instructions on Reverse Side