

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 25816

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Silky Sullivan

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Pictured Cliffs / *Ch. ra*

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

Sec. 15, T21N, R7W

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

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 CORP.
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

1670' FNL and 2290'

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6784' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other):

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐

(Other): Response to letter of 6/8/89 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.) *

In response to your letter dated June 8, 1989, we plan to plug this well by July 31, 1989.

If you require further please advise.

RECEIVED

JUN 15 1989

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

THIS APPROVAL EXPIRES

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

SIGNED

Steven S. Dunn
Steven S. Dunn

TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 6/14/89

DATE

*See Instructions on Reverse Side