

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau N. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 25816

6. IF INDIAN ALLOTTEE OR TRIBE

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, N.M. 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' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)
6,784' KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Silky Sullivan

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Pictured Cliffs *MC Chisera*

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

Sec. 15, T21N, R7W

12. COUNTY OR PARISH 13. STATE

Sandoval N.M.

16. 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: ☐

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE (IN USED OR COMPLETED OPERATIONS) (Give in state and 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 perti-
nent to this work.)

Plugging of the subject well has been completed as per attached well history.
Surface reclamation will be done in the near future.

RECEIVED

AUG 04 1989

OIL CON. DIV
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE 7/27/89

Steven S. Dunn
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

Ken Townsend

*See Instructions on Reverse Side