

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla 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 1980' FNL and 990' FEL		8. FARM OR LEASE NAME Jicarilla 430
14. PERMIT NO.		9. WELL NO. 12
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6973' GL		10. FIELD AND POOL, OR WILDCAT Undes. Gallup
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T23N, R5W
		12. COUNTY OR PARISH Sandoval
		13. STATE New Mexico

RECEIVED

NOV 19 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud, Surface Casing	<input type="checkbox"/>		

(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.)*

Spud 2:15 PM 11/17/85.

Ran 5 joints 8-5/8", 24 #/ft, J-55 surface casing. Set casing at 214' KB with 170

sx Class B 3% CaCl₂ (200.6 cu. ft.).

Circulated 5 Bbls cement to surface.

Pressure tested casing to 600 PSI for 30 minutes. Held.

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

SIGNED

TITLE Operations Manager

DATE 11/18/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMCCA