

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE
OTHER INFORMATION

Form approved
Bureau of Land Management
November 1984
Bureau of Land Management

SUNDRY NOTICES AND REPORTS ON WELLS

to be used for a well to be drilled or to deepen or plug back to a different reservoir

RECEIVED

DEC 09 1985

1. WELL NO. X

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 840, Farmington, New Mexico 87401

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (SHOW WEIGHTS OF RT OR LEFT)

6973' GL

6. NAME OF LEASE NAME

Jicarilla 430

7. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Undes. Gallup

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

Sec. 25, T23N, R5W

12. COUNTY OR PARISH 13. STATE

Sandoval Co. New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

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) Change of field

(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.)*

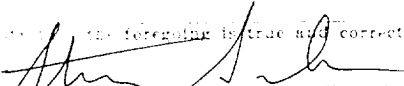
Please change the field from: Undes. Gallup

to: South Lindrith Gallup Dakota (Per NMOCD instructions.)

RECEIVED
DEC 12 1985
OFFICE OF THE
DIRECTOR

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

SIGNED


(This space for Federal or State office use)

TITLE

Operations Manager

DATE

12/5/85

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instruction on Reverse Side