

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NOO-C-14-20-5048

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Sec. 33, T22N, R6W

12. COUNTY OR PARISH; 13. STATE

Sandoval

New Mexico

1. WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

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

330' FSL and 2300' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6911' GL

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) ☐ Spud, Surface Casing

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (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 well 9/15/85.

Set 8-5/8", 24 #/ft, J-55 surface casing at 219' 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.

Designations of Operator by Merrion Oil & Gas Corp.
required.

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

SIGNED

TITLE Operations Manager

DATE 10/16/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

OCT 18 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

NMOCC

BY

Title of this document is hereby made a part of any permit and the undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief and that he is not aware of any material or false information being furnished herein.