

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEAL OF THE DEPARTMENT OF THE INTERIOR
(Other instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

SF 078877

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MERRION OIL & GAS CORPORATION	8. FARM OR LEASE NAME Canyon Largo Unit
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499	9. WELL NO. 126
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL and 1,850' FEL	10. FIELD AND POOL OR WILDCAT Devils Fork Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 9, T24N, R6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6,553'	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Resumed Production</u>	<input checked="" type="checkbox"/>

(Other) _____

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.) *

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

Subject well has been shut-in for more than ninety days.
Production resumed May 16, 1990.

RECEIVED
JUL 18 1990
OIL CON. DIV
DIST. 3

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

SIGNED Steven S. Dunn TITLE Operations Manager

DATE 6/25/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE JUL 13 1990

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCD