

Distribution: 4+0rig (BLM); 1-Well File; 1-Crystal; 1-Earleen

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
SF-078877

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Canyon Largo Unit 126

9. API Well No.
30-039-05537

10. Field and Pool, or Exploratory Area
Devils Fork Gallup

11. County or Parish, State
Rio Arriba,
New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Merrion Oil & Gas Corporation

3. Address and Telephone No.

P. O. Box 840, Farmington, New Mexico 87499 (505) 327-9801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

790' FSL & 1850' FEL
Section 9, T24N, R6W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Return to production
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

In response to your letter dated January 5, 1994, Merrion intends to condition
this well to return to production during 1994.

RECEIVED
MAR 6 1994
OIL CON. DIV.
DISTRICT

RECEIVED
BLM
070 MAR -9 PM12:36
070 MAR -9 PM12:36

THIS APPROVAL EXPIRES JAN 01 1995

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

Signed

Title Operations Manager

Date 3/7/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

APPROVED

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

DISTRICT MANAGER