Form approved.
Budget Bureau No. 1004-0135

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: 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.)

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

7. UNIT AGREEMENT NAME:

WELL X WELL ___ OTHER

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.: 130

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1750' FNL and 790' FWL

10. FIELD AND POOL, OR WILDCAT: Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 9, T24N, R6W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6478' DF

12. COUNTY OR PARISH: Rio Arriba

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT* X
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(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.)*

Surface rehabilitation completed July, 1985.

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OCT 17 1985
OIL CON. DIV.
DIST. 3

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

SIGNED [signature] TITLE Operations Manager DATE 10/9/85

ACCEPTED FOR RECORD
OCT 15 1985
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY [signature]

(This space for Federal or State office use)

APPROVED BY ___ TITLE ___ DATE ___

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side