UNITED STATES

∕ 5.	LEASE
SF	080136
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME

	J. 22/10C
DEPARTMENT OF THE INTERIOR	SF 080136
GEOLOGICAL SURVEY	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 Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other	Salazar Federal 26
	9. WELL NO.
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME Undesignated Dakota
3. ADDRESS OF OPERATOR P. O. Box 1017, Farmington, New Mexico 87401	
	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 26, T25N, R6W
AT SURFACE: 825' FSL and 810' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD 6657' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	:
TEST WATER SHUT-OFF	Na Carlos de Car
FRACTURE TREAT U	
SHOOT OR ACIDIZE U U REPAIR WELL U	(NOTE: Report results of multiple completion or zon
	change on Form 9–330.)
MULTIPLE COMPLETE	5 C 4600
CHANGE ZONES	2 5 198°
ABANDON*	
(other) Change well name	Control of the Contro

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.)*

Merrion Oil & Gas Corporation has obtained this well from Kimbell Oil Co. through a farmout to plug back the Dakota Formation and produce the Gallup Formation. Please change the name of this well from the Salazar Federal 26-2 to the Salazar G Com 26-1.

cood shows This well as warren Salayan # > Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct Operations Manager (This space for Federal or State office use) ACCEPTED FOR RECORDING APPROVED BY CONDITIONS OF APPROVAL IF ANY:

SEP 03 1982

*See Instructions on Reverse Side