

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

SUNDRY NOTICES AND REPORTS ON **RECEIVED**

(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 ☒ GAS WELL ☐ OTHER ☐ MAY 26 1987

2. NAME OF OPERATOR BUREAU OF LAND MANAGEMENT  
Merrion Oil & Gas Corporation FARMINGTON RESOURCE AREA

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

825' FSL and 810' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6670' KB

5. LEASE DESIGNATION AND SERIAL NO.  
SF 080136  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Salazar G Com 26  
9. WELL NO.  
1  
10. FIELD AND POOL, OR WILDCAT  
Devils Fork Gallup Ext.  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
26-25N-6W.  
12. COUNTY OR PARISH 13. STATE  
Rio Arriba New Mexico

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) Resumption of Production

(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.)\*

Production resumed 4/23/87.

**RECEIVED**

JUN -1 1987

OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE 5/22/87

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

MAY 29 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY SWM

NMCCO