Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATE DEPARTMENT OF THE I BUREAU OF LAND MANA	INTERIOR (Other instructions on re-	5. LEASE DESIGNATION AND SERIAL NO. SF 080136
SUN (Do not use this	IDRY NOTICES AND REPO	n or plug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAB WELL	OTHER	MAY 26 1987	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Merrion Oil & Gas Corpo	BUREAU OF LAND MANAGEMEN Oration FARMINGTON RESOURCE AREA	8. FARM ON LEASE NAME Salazar G Com 26
3. ADDRESS OF OPERATO			9. Wall No.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			Devils Fork Gallup Ext. 11. SEC., T., R., M., OR BLK. AND
	825' FSL and 810' FWL		26-25N-6W.
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		6670' KB	Rio Arriba New Mexico

(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.)

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Production resumed 4/23/87.

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*
CHANGE PLANS

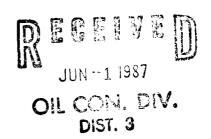
16.

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE



(Other) Resumption of Production

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

ρ			
SIGNED		Operations Manager	ACCEPTED FOR RECORD
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _		MAYE2 9 1987
*S	ee Instruct	tions on Reverse Side	FARMINGTON RESOURCE AREA BY