

Form approved
November 1984
Format 10-10-84

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget History
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 16464

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Crow Mesa

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ballard Pictured Cliff

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T25N, R8W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

1. TYPE OF WELL
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 840, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with a State requirement.
See also space 17 below.)
At surface

790' FSL and 1830' FWL

RECEIVED

OCT 10 1985

14. PERMIT NO.

15. ELEVATIONS (Show whether surface or bottom)

7237' GL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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* ☒

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION: (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.

RECEIVED

OCT 17 1985

CL. OF L. DIV.

ACCEPTED FOR FILING

OCT 15 1985

FARMINGTON RESOURCE AREA
NEW MEXICO

ah

18. I declare that the foregoing is true and correct

SIGNED

TITLE

Operations Manager

DATE

10/9/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMCCG

*See Instructions on Reverse Side