

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-C-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
14-20
NOO-C-5008
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	8. FARM OR LEASE NAME Warito
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL and 1810' FEL	10. FIELD AND POOL, OR WILDCAT Dufers Point Gallup Dak
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T23N, R8W
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 6610' K.B.	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Resumed Production</u> <input checked="" type="checkbox"/>	

(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.)*

Subject well has been shut-in more than ninety days. Production resumed 4/20/89.

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

SIGNED [Signature] TITLE Operations Manager ACCEPTED FOR RECORD DATE 4/25/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 24 1990

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

FARMINGTON RESOURCE AREA
SM

*See Instructions on Reverse Side