

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0000
Expires August 31, 1985

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 Stephenson
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL and 1980' FWL	10. FIELD AND POOL, OR WILDCAT Dufers Point Gallup Dakota
14. PERMIT NO.	11. SEC., T., B., M., OR BLM. AND SURVEY OR AREA Sec. 8, BLM ROW
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6501' GL	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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"/>	
(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.) *

Subject well has been shut-in for more than ninety days. Production resumed 5/18/89.

RECEIVED
JUN 11 1990
OIL CON. DIV.
DIST. 2

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

SIGNED

Steven S. Dunn

TITLE Operations Manager

DATE 5/31/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCD

*See Instructions on Reverse Side