

Distribution

O+4 (BLM); 1-Well File; 1-Earleen; 1-Crystal

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM-12235

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

8. Well Name and No.
Southland 4

9. API Well No.
30-045-23595

10. Field and Pool, or Exploratory Area
WAW Fruitland Sand P. C.

11. County or Parish, State
San Juan, New Mexico

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Merrion Oil & Gas Corporation

3. Address and Telephone No.
P. O. Box 840, Farmington, New Mexico 87499 (505) 327-9801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
790' FNL & 790' FEL
Section 9, T26N, R13W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)

September 9, 1993

Cut off wellhead, installed dry hole marker, disc and seeded location.

RECEIVED
BLM
OCT -7 AM 11:15
OCT 10 1993

NOV 2 1993
OIL CON. DIV.
DIST. 3

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

Signed Catherine J. Drew
(This space for Federal or State office use)

Title Drlg & Prod Tech

Date 10/06/93 FOR RECORD

Approved by _____
Conditions of approval, if any:

Title _____

Date OCT 28 1993

FARMINGTON DISTRICT OFFICE