

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0133
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.)

5. LEASE DESIGNATION AND SERIAL NO.
SF 079679

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Delhi Taylor

9. WELL NO.
5E

10. FIELD AND POOL, OR WILDCAT
Gallegos Gallup

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

Sec. 17, T26N, R11W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1017, Farmington, New Mexico 87499

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

2350' FSL and 990' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether BP, RT, GR, etc.)

6202' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

Recomplete in Gallup

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

Propose to set retainer @ 6020' KB, squeeze off the existing Dakota perms, and re-complete in the Gallup.

A Well Completion Report (Form 3160-4) is required upon completion of above operations.

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

SIGNED

TITLE Operations Manager

DATE 12/23/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side
NMOCC