

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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
FURTHER OR AREA

Sec. 17, T26N, R11W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1019, 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

BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO 87401

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, 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 PLANS

SUBSEQUENT REPORTS:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) 1st production

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of initial completion on Well
Completion or Recombination form 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 of all markers and zones pertinent to this work.)*

1st production - 2/24/85

Cleaning up after frac.

RECEIVED

MAR 05 1985

OIL CON. DIV.]
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE 2/25/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE FEB 28 1985

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC