

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 or to change the location of a well. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

|                                                                                                                                                                    |  |                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                   |  | JUN 15 1987                                                             |  |
| 2. NAME OF OPERATOR<br>Merrion Oil & Gas Corp.                                                                                                                     |  | BUREAU OF LAND MANAGEMENT<br>FARMINGTON RESOURCE AREA                   |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 840, Farmington, New Mexico 87499                                                                                              |  | 8. FARM OR LEASE NAME<br>Hickman A                                      |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1650' FSL and 1650' FWL |  | 9. WELL NO.<br>1R                                                       |  |
| 14. PERMIT NO.                                                                                                                                                     |  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6080' GL              |  |
| 10. FIELD AND POOL, OR WILDCAT<br>Gallegos Gallup                                                                                                                  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 10, T26N, R12W |  |
| 12. COUNTY OR PARISH<br>San Juan                                                                                                                                   |  | 13. STATE<br>New Mexico                                                 |  |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                                                        |                 |                                     |
|-----------------------|--------------------------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/>                               | REPAIRING WELL  | <input type="checkbox"/>            |
| FRACTURE TREATMENT    | <input type="checkbox"/>                               | ALTERING CASING | <input type="checkbox"/>            |
| SHOOTING OR ACIDIZING | <input type="checkbox"/>                               | ABANDONMENT*    | <input type="checkbox"/>            |
| (Other)               | <input checked="" type="checkbox"/> Temperature survey |                 | <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.)\*

A copy of the temperature survey is attached.

T.O.C. @ 1500'

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

SIGNED [Signature] TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE 6/15/87

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side

NMOG