| November 1983)<br>Formerly 9-331)  | PARTMENT OF THE         | INTERIO            | (Other instructions on reverse side)      | 5. LEASE DESIGNATION AND SERIAL NO. SF-080384   |
|--|-------------------------|--------------------|---|---|
|  | BUREAU OF LAND MAN      | IAGEMENT           |   | 6. IF INDIAN, ALLOTTES OR TRIBE NAME  |
|  | NOTICES AND RE          | nen or ning back   | to a dinerent reservou.                   |   |
| OIL GAS T  |                         |                    |   | 7. UNIT AGREEMENT NAME  |
| NAME OF OPERATOR   | OTREE                   |                    |   | S. FARM OR LEASE HAME   |
| Merrion Oil & Gas Corporation  |                         |                    |   | Sullivan  |
| ADDRESS OF OFERATOR  |                         |                    |   | 9. WELL NO.   |
| P 0 Box 840. F   | armington, NM 8749      | 99                 |   | 9   |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface |                         |                    |   | 10. FIELD AND POOL, OR WILDCAT  |
|  |                         |                    |   | Basin Fruitland Coal  |
|  |                         |                    |   | 11. abc., T., R., M., OR BLK. AND<br>SURVEY OR ARMA                                       |
| (NE/SW) 1850' F  | 'SL & 1840' FWL         |                    |   | C 15 m26N D12W  |
|  |                         |                    | · · · · · · · · · · · · · · · · · · ·     | Sec 15, T26N, R12W  |
| . PERMIT NO.   | 15. ELEVATIONS (Sh      | ow whether DF, RT, | , cm, etc.)                               | San Juan NM   |
|  | 6109' GL                |                    |   | San Juan   NA   |
|  | heck Appropriate Box To | Indicate Nate      |   | Other Data  |
| мотис  | OF INTENTION TO.        |                    | ٦   |   |
| TEST WATER SHUT-OFF  | PCLL OR ALTER CASIN     | °                  | WATER SHUT-OFF                            | ALTERING CASING   |
| FRACTURE TREAT   | MULTIPLE COMPLETE       |                    | PRACTURE TREATMENT                        | ABANDONMENTO  |
| SHOOT OR ACIDIZE   | ABANDON*                | <del></del>        | SHOOTING OR ACIDIZING                     | Spud Notice X   |
| REPAIR WELL  | CHANGE PLANS            | <u> </u>           | (Other)(Nors: Report_resul                | ts of multiple completion on Well<br>apletion Report and Log form.)                       |
|  | September 5, 1990.      | OIL C              | OEIVED<br>0241990<br>ON. DIV.J<br>IST. 3. |   |
| SIGNED Steven S (This space for Federal of APPROVED BY CONDITIONS OF APPRO   |                         | TITLE OP           |   | DATE 9/7/90 EPTED FOR RECORD  SEP 14 990  cc: 5 BLM, Fmg  RMINGION RESOURCE AREA Well Fil |
|  | *Sei                    | e Instructions c   | on Reverse Side BY 2                      | 1   |