

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Merrion Oil & Gas Corporation</p> <p>3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,740' FSL and 870' FEL</p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-7471</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME Pete</p> <p>9. WELL NO. 1R</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coe</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T27N, R12W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5,935' GL</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) Perforate <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.)

Merrion requests approval to perforate additional Fruitland interval in this well as follows:

1,084 - 87'	2 PF	0.34" DIA
1,154 - 57'	2 PF	0.34" DIA
1,218 - 20'	2 PF	0.34" DIA

Total 16 holes

Will test and stimulate by frac if necessary. Will then return well to production. Work is scheduled for April, 1990.

RECEIVED

APR 18 1990

OIL CON. DIV.

DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED *Steven S. Dunn* TITLE Operations Manager DATE 3/21/90

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE APR 13 1990

CONDITIONS OF APPROVAL, IF ANY: _____

FOR Ken Townsend
AREA MANAGER

NMOCD

*See Instructions on Reverse Side

RECEIVED

NOV 16 1950

U.S. DEPARTMENT OF STATE

WASHINGTON, D.C.