Form approved.
Budget Bureau No. [illegible]
Expires August 31, 198[illegible]

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
14 20 603 2198

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

1. OIL WELL X GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

8. FARM OR LEASE NAME
Navajo Tribal H

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, New Mexico 87499

9. WELL NO.
6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1830' FNL and 1830' FEL

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OCT 10 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT
Totah Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T29N, R14W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5357' GL

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	X
REPAIR WELL		CHANGE PLANS		(Other)			
(Other)							

(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.)*

Surface rehabilitation completed 9/20/85.

RECEIVED
OCT 17 1985

ACCEPTED FOR RECORD

OCT 15 1985

FARMINGTON RESOURCE AREA

BY [illegible]

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

SIGNED [signature] TITLE Operations Manager DATE 10/8/85

(This space for Federal or State office use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side