Form 3160-5
November 1983
Formerly 9-331

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

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo

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.)

7. UNIT AGREEMENT NAME:

WELL X WELL OTHER

2. NAME OF OPERATOR: Merrion Oil & Gas Corporation

8. FARM OR LEASE NAME: Navajo Tribal H

3. ADDRESS OF OPERATOR: Merrion Oil & Gas Corporation

9. WELL NO.: 2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 810' FNL and 660' FEL

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.): 5378' GL

12. COUNTY OR PARISH: San Juan 13. STATE: N. Mex.

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
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD
OCT 15 1985
FARMINGTON RESOURCE AREA
BY

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

SIGNED [signature] TITLE Operations Manager ACCEPTED FOR DATE 9/8/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 15 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC