

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Bureau of Land Management
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 a well. Use "APPLICATION FOR PERMIT" for such proposals.

RECEIVED

OCT 10 1985

5. LEASE DESIGNATION AND SERIAL NO.
14 20 603 2198
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo #1

9. WELL NO.

A

10. FIELD AND POOL, OR WILDCAT

West Kutz

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 24, T29N, R14W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

WELL ☒ WELL ☐ OTHER ☐
NAME OF OPERATOR

Merrion Oil & Gas Corporation
3. ADDRESS OF OPERATOR

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

P. O. Box 840, Farmington, New Mexico 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

510 FNL and 2130' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GK, etc.)

5356' KB

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

NOTICE OF INTENTION TO:

WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREATMENT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE WORK IN COMPLETED OPERATION. (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 penetrated by 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
FARMINGTON, NEW MEXICO

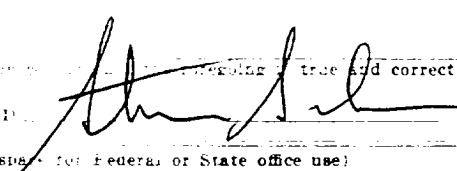
ACCEPTED FOR RECORD

DATE 10/8/85

OCT 15 1985

DATE

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

SIGNED  TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

NMOCC