Form approved.
Budget Bureau No.
Expires August 31, 1985

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo E

9. WELL NO.
4

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

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.)

RECEIVED
OCT 10 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

WELL X WELL OTHER

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
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, GR, etc.)
5356' KB

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)	

(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 DATE 10/8/85

(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