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

7. UNIT AGREEMENT NAME:

WELL X WELL OTHER

2. NAME OF OPERATOR: Merrion Oil & Gas Corporation

8. FARM OR LEASE NAME: Navajo H

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

9. WELL NO.: 3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 510' FSL and 1980' FEL

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FARMINGTON RESOURCE AREA

10. FIELD AND POOL, OR WILDCAT: Total Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 13, T29N, R14W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5327' KB

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.

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OIL CON. DIV.
DIST. 3

OCT 15 1985

ACCEPTED FOR RECORD

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

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

OCT 15 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC