

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Salt Water Disposal	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2198
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
3. ADDRESS OF OPERATOR P. O. Box 1017, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830' FSL and 1830' FWL	8. FARM OR LEASE NAME Navajo H
	9. WELL NO. 13
	10. FIELD AND POOL, OR WILDCAT Cliffhouse Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T29N, R14W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 5270' DF	13. STATE New Mexico

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MAR 27 1985

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Propose to repair hole in casing @ estimated 2320' by squeeze cementing with 225 sx Class B 28 D-79, 463.5 cu. ft., followed by 50 sx Class H (61 cu. ft.). Will drill out and pressure test. Will re-install injection string with packer @ 2480'. Will load backside with water treated with bactericide and oxygen scavenger, then put well back into service.

(Per verbal approval received from Mr. Jim Lovato, BLM - March 25, 1985.)

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APR 03 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE

3/25/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

APR 01 1985
J. M. MILLENBACH
AREA MANAGER

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

REMOCC