

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Revised 12/1/84
Expires August 31, 1985

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo II

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Totah Gallup

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

Sec. 14, 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 87459

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1905' FSL and 710' FHL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5244' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 COMPANY
DIST. 3
ACCEPTED FOR RECORD

OCT 15 1985

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY

18. I, the undersigned, certify that the foregoing is true and correct

SIGNED

TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

19/8/85

ACCEPTED FOR RECORD

DATE

OCT 15 1985

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

*See Instructions on Reverse Side

AMOSC