

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1604-1
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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, N.M. 87401

4. LOCATION OF WELL (Describe location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
705' FSL and 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GK, etc.)
5287' KB (5278' GL)

5. LEASE DESIGNATION AND SERIAL
14-20-603-2198

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo H

9. WELL NO.
5

10. FIELD AND POOL OR WILDCAT
Undesignated Mesaverde

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec. 13, T29N, R14W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

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

1. INTENTION TO		2. SEQUENT REPORT OF:	
TEST WATER SHUT-OFF	ALTER OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	RE-PIPE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE LEASE	OTHER:	

17. DESCRIBE IN DETAIL (If work is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
install equipment and resume production.

*Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

Merrion Oil & Gas proposes to install necessary equipment and resume production within 60 days of receiving written confirmation from the BIA that this lease remains in full force and effect.

RECEIVED
OCT 19 PM 2:23
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
OCT 24 1988
OIL CON. DIV.
DIST.

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

SIGNED: *[Signature]*

TITLE: Operations Manager

DATE: 10/19/88

(This space for Federal or State office use)

APPROVED BY:

TITLE:

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 20 1988

[Signature]
AREA MANAGER

*See Instructions on Reverse Side