

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	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 890' FNL and 790' FEL	14. PERMIT NO.	15. ELEVATIONS (Show whether on or below surface) 5225' GL
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RECEIVED
MAY 06 1986

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 H	9. WELL NO. 15	10. FIELD AND POOL, OR WILDCAT West Kutz	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 13, T29N, R14W	12. COUNTY OR PARISH San Juan	13. STATE New Mexico
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/> Vent for test	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

Note: Received verbal approval from Steve Mason on 5/5/86 to perform the following:

Vent approximately 40 MCFPD from the subject well for one week. This period will be used to test the well and obtain a gas sample in order to properly size a dehydrator. The well is presently shut in by the Gas Company of New Mexico because the gas has too high of a moisture content. The vented gas will be measured and all royalties paid accordingly.

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

SIGNED

T. Brehmerron

TITLE Production Engineer

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 5/5/86

MAY 07 1986

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC