Cubmit to Appropriate District Office State Lease – 6 copies		State of New Mea Minerals and Natural Re	sources Departmen			Form C-101 Revised 1-1-89	
Fee Lease - 5 copies  DISTRICT I C C D	JN DIVISONL	CONSERVATIO	N DIVISION	API NO. (ass	igned by OCD	on New Wells)	
State Lease — 6 copies Fee Lease — 5 copies Fee Lease — 5 copies  DISTRICTION DIVISOR CONSERVATION DIVISION P.O. Box 1989, Horoz, 11M, 882400 P.O. Box 2088  Santa Fe. New Mexico, 87504-2088					30-045-2 <del>584</del> 40 5 746		
DISTRICT II P.O. Drawer DD, Artesia, NM 881TP 8 50					5. Indicate Type of Lease		
DISTRICT III	1 (111 0		/	6. State Oil	STA & Gas Lease N		
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK							
1a. Type of Work:					7. Lease Name or Unit Agreement Name		
DRILL RE-ENTER DEEPEN PLUG BACK							
b. Type of Well:  OIL OAS SINGLE MULTIPLE WELL X OTHER ZONE ZONE					Carnahan Conc		
2. Name of Operator Merrion Oil & Gas Corporation					8. Well No.		
3. Address of Operator					9. Pool name or Wildcat		
P. O. Bo x840, Farmington, NM 87499					Fulcher Kutz Pictured Cliffs		
4. Well Location Unit Letter P: 990 Feet From The South Line and 990 Feet From The East Line							
Section	35 Town	aship 30N Ran	12W	NMPM	San Ju	an County	
10. Proposed Depth 37.25'				11. Formation Pictured	The second secon	2. Rotary or C.T.	
13. Elevations (Show whether	//////////////////////////////////////	14. Kind & Status Plug, Bond	15. Drilling Contra			Rotary ste Work will start	
5910' GL			<u> </u>		3/9		
PROPOSED CASING AND CEMENT PROGRAM							
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTI	H SACKS OF	CEMENT	EST. TOP	
			- 101				
Attached for your approval is a revised procedure to plug back the Basin Dakota and recomplete in the Fulcher Kutz Pictured Cliffs formation. This procedure is different than the one submitted on 1/12/94 in that it calls for setting a cement plug across							
the Gallup top, the open Mesaverde perfs, and the Mesaverde top in preparation for							
plugging the well if ultimately deemed necessary.  JAN1 91994							
OIL CON. DIV.						<b>r</b> .	
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR FLUID BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE, GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE COOPER	Sharke	πη	Fngineer		DATE	1/17/94	
TYPE OR PRINT NAME	er. Suarpe	:			Tele	PHONE NO.	
(This space for State Use)				<del> </del>		1-24-94	
APPROVED BY FALL	ie Bus	<u>G'</u> m	<u></u>	ac inspecting of	MCT #2 DATE	JAN 2 4 19	

CONDITIONS OF APPROVAL, IF ANY: