Form approved. Budget Bureau No. 1004-013 UNITED STATES SUBMIT IN TRIPLICATES
DEPARTMENT OF THE INTERIOR (Other Instructions on re-Fi.rm 3160-5 Expires August 31, 1985 (November 1983) (Formerly 9-331) BUREAU OF LAND MANAGEMENT NM 53926 6 IF INDIAN, ALLOTTRE OR TRIBE NAME 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.

TO "APPLICATION FOR PERMIT "" for such proposals.) 7. UNIT AGREEMENT NAME WELL CTHER WELL X 8. FARM OR LEASE NAME NAME OF OPERATOR Merrion Oil & Gas Corp. Corrales____ 3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87.499
Location of Well (Report leation clearly and in accordance with any State requirements.*
See also space 17 below) 10. FIELD AND POOL OR WILDCAT At surface Pot Mesa Mesaverde
11. sxc., t., B., M., OR BLE. AND
BURVEY OR ABEA 465' FSL and 1785' FEL Sec. 3, T20N, R6W 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, CK, etc.) 6912' GL McKinley Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16 NOTICE OF INTENTION TO : SUBSECUENT SEPORT OF : WATER SHUT-OFF REPAIRING WELL TEST WATER SHUT-OFF ALTERING CASING FRACTUBE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDON* SHOOTING OR ACIDIZING ABANDON MENT SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) test well and vent produced gas 17. DESCRIBE PROPOSED OR COUNTETED OPER STICKS (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.)* Request permission to test subject well and vent produced gas for a 24 hour period. Note: Received verbal approval to perform the above test from Kenny Howell on 1/20/89. 18. I hereby certify that the fore

SIGNED T. Greg Merrion

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANT:

See Instructions on Reverse Side

*See Instructions on Reverse Side