

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Dry Hole</u>
2. NAME OF OPERATOR <u>Merrion Oil & Gas Corporation</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 840, Farmington, New Mexico 87499</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>660' FNL and 660' FWL</u>
14. PERMIT NO.
15. ELEVATIONS (Show whether on RL, or, etc.) <u>7104' GL</u>

5. LEASE DESIGNATION AND SERIAL NO. <u>NM 25612</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <u>Deer Mesa Federal</u>
9. WELL NO. <u>1</u>
10. FIELD AND POOL, OR WILDCAT <u>WC Mesaverde</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 24, T21N, R5W</u>
12. COUNTY OR PARISH <u>Sandoval</u>
13. STATE <u>New Mexico</u>

RECEIVED

NOV 19 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.) *

Pull plug and packer.

Run in hole with 2-3/8" tubing open ended. Rigged up cementers and plugged as follows:

1st plug: Set tubing at 3740' KB. Pumped 45 sx Class B Neat (53.1 cu. ft.).
2nd plug: Set tubing at 2284' KB. Pumped 8 sx Class B Neat (9.44 cu. ft.).
3rd plug: Set tubing at 1526' KB. Pumped 36 sx Class B Neat (42.48 cu. ft.).
4th plug: Set tubing at 719' KB. Pumped 8 sx Class B Neat (9.44 cu. ft.).
5th plug: Set tubing at 130' KB. Pumped 10 sx Class B Neat (11.8 cu. ft.). Hooked up to branedhead and pumped 20 sx Class B Neat (23.6 cu. ft.). Pressure up to 300 PSI. Held 250 PSI.

Plug 1 covered perfs.

Plug 2 covered Mesaverde top.

Plug 3 covered Pictured Cliff, Fruitland, Ojo Alamo.

Plug 4 covered top of cement.

Plug 5 surface plug then filled Bradenhead to 150'.

Approved as to proposed work until
Liability under bond is released until
surface restoration NOV 21 1985

OIL CON. DIV.
DIST. 3

Plugging completed 11/14/85.

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

SIGNED [Signature] TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE
CONDITIONS OF APPROVAL, IF ANY:

DATE 11/18/85

DATE NOV 19 1985

FOR AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC