

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

TE
TC

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 ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 25816	
2. NAME OF OPERATOR Merrion Oil & Gas Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1670' FN1 and 2290' FWL		8. FARM OR LEASE NAME Silky Sullivan	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DT, RT, CK, etc.) 6784' KB		10. FIELD AND POOL, OR WILDCAT W ^{MC} Chacra/Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T21N, R7W	
		12. COUNTY OR PARISH Sandoval	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

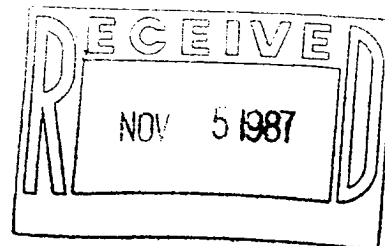
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Setting packer

(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.)

August 27, 1986 - Ran 4-1/2" tension packer and set @ 1150' KB.
Swab well to clean up Chacra. Shut-in.
August 28, 1986 - RDMO.



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

SIGNED

TITLE

Operations Manager

DATE

11/02/87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

NOV 04 1987

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

OPERATOR