Ferm 3160--5 (November 1983) (Formerly 9-331)

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side) Budget Burgan No. 1004—(1.3 Expires August 31, 1985 (2.4 Expires August 31, 1985 (2.4

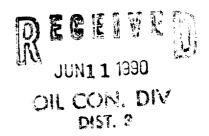
Budget Bureau No. 1004-073 Expires August 31, 1985

Form approved.

Fee/C	ommunitized	w/-7908
A DE INC	MAN ALLOTTER OF	70187

	Fee/Communitized w/-790					
SUNDRY (Do not use this form Use	6 IF INDIAN, ALLOTTEE OR TRIBE NAME. 7. UNIT AGREEMENT NAME					
OIL GAS WELL						
2. NAME OF OPERATOR	8. FARM OR LEAST NAME					
Merrion Oil & Ga	Canada Mesa 0. WELL NO. 4E 10. FIELD AND POOL OR WILDCAT Basin Dakota Devils Fork Gallup 11. SEC. T. E. M. OR BLK. AND					
P. O. Box 840, F 4. LOCATION OF WELL (Report See also space 17 below) At surface						
1520' FNL and 16	50' FWL		Sec. 10,	TROW)		
14. PERMIT NO	15 ELEVATIONS (Show whether be	, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE		
		Rio Arriba	New Mexic			
16	heck Appropriate Box To Indicate N	lature of Notice, Report, or C	Other Data			
NOTICE	OF INTENTION TO:	SCBSEQ	SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING P	WELI.		
FRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CA	ASING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	NT*		
REPAIR WELL	CHANGE PLANS	(Other) Resumed Production X Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)				
(Other)	1 ,					
17. DESCRIBE PROPOSED OR COMP proposed work. If well nent to this work.) *	TETER OFFICE THOSE (Clearly state all pertinents directionally drilled, give subsurface locat	t details, and give pertinent dates tions and measured and true vertice	, including estimated dat al depths for all markers	e of starting any s and zones perti		

The Canada Mesa No. 4E Gallup has been shut-in for more than ninety days. Production resumed 4/28/89.



Signed Steven S. Dunn	TITLE .	Operations Manager	DATE _	5/8/89
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE _	

*See Instructions on Reverse Side