

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-1  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
SF 080136  
6. IF INDIAN, ALLOTTEE 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.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
Merrion Oil & Gas Corporation  
3. ADDRESS OF OPERATOR  
P. O. Box 840, Farmington, New Mexico 98499  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
825' FSL and 810' FWL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether OF, RT, GK, etc.)  
6670' KB

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Salazar G Com 26  
9. WELL NO.  
1  
10. FIELD AND FOOT OR WILDCAT  
Devils Fork Gallup Ext.  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 26, T. 26N, R. 6W  
12. COUNTY OR PARISH  
Rio Arriba  
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) Resumed Production

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

X

(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.)\*

This well has been shut-in for more than ninety days. Production resumed 4/21/89.

RECEIVED  
JUN 11 1990  
OIL CON. DIV  
DIST. 3

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

SIGNED Steven S. Dunn TITLE Operations Manager

DATE 5/9/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side