Ferm 31605	
(November 1983	(
(Formerly 9-33	ĺ١

UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on verse side) BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE

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	:	Expires	Αı		
-	1				

Budget Bureau No. 1004-1013 ugust 31, 1985

SF	080136	

7. UNIT AGBREMENT NAME

8. FARM OR LEASE NAME

Form approved.

LEASE	DESIGNATION	٠,	ND E	ERIA	۱.

6 IF INDIAN, ALLOTTRE OR TRIBE SAME

SUNDRY NO	TICES AN	ID REPO	RTS OI	N W	/ELLS
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(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.)

WELL X WELL 2 NAME OF OPERATOR

Merrion Oil & Gas Corporation

ADDRESS OF OPERATOR

TEST WATER SHUT OFF

PRACTURE TREAT

P. O. Box 840, Farmington, New Mexico 98499 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 DF, RT, GR. etc.)

6670' KB

Salazar G Com 26 9. WBLL NO.

10. FIELD AND POOL OR WILDCAT

Devils Fork Gallup Ext. 11. SEC., T., B., M., OR BLK. AND BURVEY OR AREA

Sec. 26, R6W

12. COUNTY OR PARISH; 13. STATE

Rio Arriba New Mexico

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

SOTICE OF INTENTION TO

REPAIR WELL CHANGE PLANS

MILITIPLE COMPLETE

SUBSEQUENT REPORT OF :

WATER SHITT-OFF

SHOOTING OR ACIDIZING.

BEPAIRING WELL ALTERING CASING

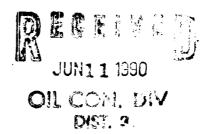
ABANDON MENT

Resumed Production

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR CO. LETTE OFFRATION: (Clearly State all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If we's directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti

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



18. I hereby certly that the foregoing is true and correct SIGNED Steven S. Duhn	MITLE Operations Manage	r 5/9/89
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side