

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 25453

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Susco Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WAW PC - Fruitland

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9, T26N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1017, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1840' FSL and 1850' FEL

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14. PERMIT NO.

15. ELEVATIONS (Show whether at top of hole, etc.)

6029' GL

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) Frac

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* ☐

(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.)*

1. Nipple down well-head, install frac valve.

2. Rig up frac crew. Frac well with 70 Quality Foam as follows:

4,000 Gal. Foam Pad
4,000 Gal. 1 #/gal. 20/40 sand
8,000 Gal. 2 #/gal. 20/40 sand
236 Gal. Foam Flush

Total Sand - 20,000 Lbs.

Total H2O - 116 Bbls.

Desired Rate - 15 BPM.

3. Shut-in 1 hour, open on positive flow choke to atmosphere and clean up. (Run tubing if necessary.)

4. Hookup to gas sales and test.

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OIL CON. DIV
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE 4/3/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 04 1985

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCO