Form 3160–5
(November 1983)
(Formerly 9–331)

Form approved.
Budget Bureau No. 1004–0135
Expires August 31, 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM 25453

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.)

7. UNIT AGREEMENT NAME

1.

OIL WELL [X]   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

APR 30 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON ...

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6029' GL, 6034' KB

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [X]	ALTERING CASING [ ]
SHOOT OR ACIDIZE	[ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL	[ ]	CHANGE PLANS [ ]	(Other)	
(Other)			(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.) *

Fraced well with 70 Quality Foam. Total Sand 20,000# 20/40 sand. Total Water 116 Bbls.
Average Rate 15 BPM. Average Pressure 1300 PSI.

Well tested 4/5/85 - 54.7 MCF/Day.

RECEIVED
APR 11 1985
OIL CON. DIV.
DIST. 3

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

SIGNED _____ TITLE Operations Manager   ACCEPTED DATE 4/8/85 RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side