

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on the
reverse side.)

District Bureau No. 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
14-20-603-2198
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, N.M. 87499

4. LOCATION OF WELL (R-500) Section clearly and in accordance with any State requirements.*
See also space 17 below.
At surface
890' FNL and 790' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5225' GL

7. UNIT AGREEMENT NAME
Navajo Tribal

8. FARM OR LEASE NAME
Navajo H.

9. WELL NO.
15

10. FIELD AND POOL OR WILDCAT
West Kutz PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T29N, R14W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

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

INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	STOP OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANN	(Other)	

(Other) Install equipment and resume production

17. DESCRIBE production (If work is not a completion of permit 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.)

(NOTE: Report results of multiple completion or Well Completion or Re-completion Report and Log Form.)

Merrion Oil & Gas proposes to install necessary equipment and resume production within 60 days of receiving written confirmation from the BIA that this lease remains in full force and effect.

RECEIVED
BUREAU OF LAND MANAGEMENT
28 OCT 19 1988
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
OCT 24 1988
OIL CON. DIV.

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

SIGNED: *[Signature]* TITLE: Operations Manager DATE: 10/19/88

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
OCT 20 1988
[Signature]
AREA MANAGER