14. I hereby certify that the forego Signed STAVOR (This space for Federal or Stat Approved by Conditions of approval, if any	Divara Divara De office use)	Title Operations Manager	Date	
Signed STAVOR	Out on	Title _ Operations Manager		
14. I hereby certify that the forego	ing is true and correct			
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		4	Z 0	
	FEGGORIAN CONTRACTOR OF CONTRA		YEE PH I	
			BLA BLA 27 RMIN	
			JAN O FA	
		N.	9 4	
A procedure is now bei	ng prepared and we will s	submit as soon as possible, I estimate wit	um 30 days.	
_		bore for lack of commercial quantities o		
give subsurface locations an	d measured and true vertical depths fi	or all markers and zones pertinent to this work.)*		
Describe Proposed or Completed	Operations (Clearly state all pertinent	densils, and give pertinent dates, including estimated date of	(Note: Report results of multiple completion on W Completion or Recompletion Report and Log forn starting any proposed work. If well is directionally dri	
Final Abandonm	ent Notice	Casing Repair Altering Casing Other See below	Conversion to Injection Dispose Water	
Subsequent Repo	ort	Recompletion Plugging Back	Non-Routine Fracturing Water Shut-Off	
Notice of Intent		Abandonment	Change of Plans New Construction	
TYPE OF SUBMI		NDICATE NATURE OF NOTICE, RE		
		VIDICATE MATURE OF NOTICE BE		
990' FNL & 2200' FEL Section 18, T20N, R5W			11. County or Parish, State McKinley, New Mexico	
P. O. Box 840, Farmington, New Mexico 87499 (505) 327-9801 Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or Exploratory Area Francisan Lake Mesaverde	
Merrion Oil & Gas Cor	poration		9. API Well No.	
SUBMIT IN TRIPLICATE 1. Type of Well Name of Operator Display Displa			8. Well Name and No. Eagle Development No. 1	
				Use "Al
0 1101 dog 11110 101111 101	DRY NOTICES AND RI	EPORTS ON WELLS deepen or reentry to a different reservo	NM-58865 6. If Indian, Allottee or Tribe Name	
o not use this form for	BUREAU OF LAND MANAGEMENT			
o not use this form for		rm 3160-5 UNITED STATES ine 1990) DEPARTMENT OF THE INTERIOR		

*See Instruction on Reverse Side NIMOCD

DISTRICT MANAGER