/*rm 3160-5 November 1983	1
(Formerly 9-33	

16.

UNITED STATES SUBMIT IN TRIPLICATES Other Instructions on ye verse side)

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

NM 24964

LEAS	E	DESIGNATION	AND	BERIAL	
n		064			

EAU OF LAND MANAGEMENT	/

	SUNDRY NOTION OF THE SUNDRY NO	CES AND REPO	or plug back t	o a different i	,	grad .	6. IF INDIAN, ALL		TRIBE NAME
1.	OIL X WELL OTHER		*	EC		_	7 UNIT AGREEMEN		
2.	Merrion Oil & Gas Corpo	ration		001	17 198	5	8. FARM OR LEASI Pot Mesa	NAME	
ä.	ADDRESS OF OPERATOR P. O. Box 840, Farmingt		87499 8	UREAU OF LA	IND MANA	GEME E ARE	9. WELL NO.		
4.	LOCATION OF WELL (Report location cle See also space 17 below.) At surface						10. FIELD AND PO		ILDCAT
	465' FNL and 1780' FWL						11. SEC., T., R., M. SURVEY OR		AND
							Sec. 10, T		
14	PERMIT NO.	15. ELEVATIONS (Show	whether DF, RT, O	GR, etc.)			12. COUNTY OR PA	RISH 1	3. STATE
		6850' GL					McKinley	Ne	w Mexico

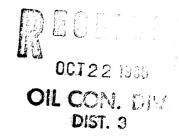
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON®		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING		REPAIRING WELL ALTERING CASING ABANDONMENT*	
REPAIR WELL (Other)		CHANGE PLANS	X	(Other) (NOTE: Report rest Completion or Reco	ults of multiple appletion Repor	completion on Well t 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.) *

Request permission to run 7-5/8", 29.7 #/ft, J-55 surface casing instead of 8-5/8". Setting depth 200'.

Will cement with 175 sx Class B 2% CaCl2 (206.5 cu. ft.)



18. I hereby certiff foregoing is tra and correct	TITLE _	Operations Manager	DATE _	10/17/85
(This space for Federal or State office use)		, i		
APPROVED BYCONDITIONS OF APPROVAL. IF ANY:	TITLE _	•	DATE _	

/s/ J. Stan McKee!

*See Instructions on Reverse Side