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orm 3160-5 . UNITED STATES une 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		FORM APPROVED
		Budger Bureau No. 1004-0135
		Expires: March 31, 1993
		5. Lease Designation and Serial No.
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* *	r to deepen or reentry to a different reservoi	f. 6. If Indian, Allottee or Tribe Name
	PERMIT" for such proposals	
	TRIPLICATE	7. If Unit or CA, Agreement Designation
Type of Well		
Oil Gas Well Other		
		8. Well Name and No.
Name of Operator	No.	Pot Mesa No. 4
Merrion Oil & Gas Corporation	(14634)	9. API Well No.
Address and Telephone No.		30-031-20890
610 Reilly Avenue, Farmington, NM 87401 Location of Well (Footage, Sec., T., R., M., or Survey Description		10. Field and Pool, or Exploratory Area
	"	Pot Mesa Mesaverde
465' fnl & 1780' fwl (ne nw)		11. County or Parish, State
Section 10, T20N, R6W		McKinley County,
		New Mexico
CHECK APPROPRIATE BOX (s) TO INDICATE NATURE OF NOTICE	, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
X Notice of Intent	Abandonment (Temporary)	X Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water
		(Note: Report results of multiple completion of
		Completion or Recompletion Report and Log
Describe Proposed or completed Operations (Clearly state all per give subsurface locations and measured and true vertical dep	thent details, and give pertinent dates, including estimated date of the pertinent to this work.)*	e of starting any proposed work. If well is directionally d
Merrion Oil & Gas filed a sundry to plug and		
and refraced the Corrales No. 2. Results ar		
vellbore and monitor production from both v	wells for six months to determine whether	
	rv we will plug the subject well accordin	g to the previously approved P&A L
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I hereby certify that the foregoing is true and correct gned	Title Production Engineer	Date 1/7/02
Thereby certify that the foregoing is true and correct igned Connie S. Dinning		
Thereby certify that the foregoing is true and correct igned Connie S. Dinning (This space for Federal or State office use)	Title Production Engineer	Date 1/7/02
Produce. If the test results are unsatisfactor procedure. Thereby certify that the foregoing is true and correct igned Connie S. Dinning		

or representations as to any matter within its jurisdiction.