

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
465' FSL and 1785' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6912' GL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
NM 53926

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Corrales

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
WC Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T20N, R6W

12. COUNTY OR PARISH
McKinley

13. STATE
New Mexico

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MAY 21 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Corrections

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

Cleaned up trash and debris around location.

RECEIVED
MAY 27 1986
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Operations Manager

DATE 5/20/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE MAY 23 1986

*See Instructions on Reverse Side

NMOCC