

Distribution:
Form 3160-5
(June 1990)

Orig+4 (BLM); 1-Crystal; 1-Accounting; 1-Well File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Merrion Oil & Gas Corporation

3. Address and Telephone No.

P. O. Box 840, Farmington, New Mexico 87499

(505) 327-9801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**465' fsl & 1785' fel (SWSE)
Section 3, T20N, R6W**

5. Lease Designation and Serial No.

NM-53926

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Corrales No. 1

9. API Well No.

30-031-20892

10. Field and Pool, or Exploratory Area

Pot Mesa Mesaverde

11. County or Parish, State

**McKinley,
New Mexico**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **Shut-In**
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

The above referenced well is shut-in due to low product prices and compressor breakdown. It is Merrion's plan to resume production as soon as product prices improve and the compressor can be economically replaced.

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

Signed

Title **Operations Manager**

Date **3/27/95**

(This space for Signature use)

Approved by

Title

Date

Conditions of approval, if any:

APPROVED

APR 03 1995

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

DISTRICT MANAGER

*See Instruction on Reverse Side

NMOCD

CAVOTRY

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