

Form 3160-5  
(June 1990)

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<br>Oil <input checked="" type="checkbox"/> Well Gas <input type="checkbox"/> Well Other <input type="checkbox"/>           | 5. Lease Designation and Serial No.<br><b>NM-53926</b>                |
| 2. Name of Operator<br><b>Merrion Oil &amp; Gas Corporation</b>                                                                            | 6. If Indian, Allottee or Tribe Name                                  |
| 3. Address and Telephone No.<br><b>610 Reilly Avenue, Farmington, NM 87401-2634 (505) 327-9801</b>                                         | 7. If Unit or CA, Agreement Designation                               |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>465' fsl &amp; 2300' fwl (se sw)<br/>Section 3, T20N, R6W</b> | 8. Well Name and No.<br><b>Corrales #2</b>                            |
|                                                                                                                                            | 9. API Well No.<br><b>30-031-20898</b>                                |
|                                                                                                                                            | 10. Field and Pool, or Exploratory Area<br><b>Pot Mesa Mesaverde</b>  |
|                                                                                                                                            | 11. County or Parish, State<br><b>McKinley County,<br/>New Mexico</b> |

| 12. CHECK APPROPRIATE BOX (s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |                                          |                                                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------|
| TYPE OF SUBMISSION                                                                | TYPE OF ACTION                           |                                                                                                  |
| <input checked="" type="checkbox"/> Notice of Intent                              | <input type="checkbox"/> Abandonment     | <input checked="" type="checkbox"/> Change of Plans                                              |
| <input type="checkbox"/> Subsequent Report                                        | <input type="checkbox"/> Recompletion    | <input type="checkbox"/> New Construction                                                        |
| <input type="checkbox"/> Final Abandonment Notice                                 | <input type="checkbox"/> Plugging Back   | <input type="checkbox"/> Non-Routine Fracturing                                                  |
|                                                                                   | <input type="checkbox"/> Casing Repair   | <input type="checkbox"/> Water Shut-Off                                                          |
|                                                                                   | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection                                                 |
|                                                                                   | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Dispose Water                                                           |
|                                                                                   |                                          | (Note: Report results of multiple completion on 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.)\*

Merrion Oil & Gas proposes to return the subject well to production by May 1, 1997. Economic feasibility of compression and compressor design for the subject well were dependent upon the added production from the McCollum #1, which we expected to recomplate in a lower portion of the Mesaverde. The newly opened zone in the McCollum #1 proved to be nonproductive. Facility redesign without the McCollum production is ongoing, however the weather may cause difficulty in installation of surface equipment. We therefore request additional time to return the well to production.

RECEIVED  
FEB 13 1997  
OIL CON. DIV.  
DIST. 3

070 FARMINGTON, NM  
FEB - 6 AM 10:37

RECEIVED  
BLM

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|-------------------------------------------------------------|--------------------------|--------------------------------|--------------------|
| 14. I hereby certify that the foregoing is true and correct |                          |                                |                    |
| Signed <u>CSJ</u>                                           | <u>Connie S. Dinning</u> | Title <u>Contract Engineer</u> | Date <u>2/5/97</u> |
| (This space for Federal or State office use)                |                          |                                |                    |
| Approved By <u>/S/ Duane W. Spences</u>                     | Title _____              | Date <u>FEB - 7 1997</u>       |                    |
| Conditions of approval, if any:                             |                          |                                |                    |