Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 59708

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

OIL WELL X GAS WELL ___ OTHER

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

8. FARM OR LEASE NAME
Star Lake Federal

3. ADDRESS OF OPERATOR
P. O. BOX 840, Farmington, New Mexico 87499

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
840' FSL and 990' FEL

10. FIELD AND POOL, OR WILDCAT
WC Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T20N, R6W

RECEIVED
JAN 13 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6651' GR

12. COUNTY OR PARISH
McKinley

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	___	PULL OR ALTER CASING	___	WATER SHUT-OFF	___	REPAIRING WELL	___
FRACTURE TREAT	___	MULTIPLE COMPLETE	___	FRACTURE TREATMENT	___	ALTERING CASING	___
SHOOT OR ACIDIZE	___	ABANDON*	___	SHOOTING OR ACIDIZING	___	ABANDONMENT*	___
REPAIR WELL	___	CHANGE PLANS	___	(Other) Surface Casing			
(Other)				(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.)*

Spud well 1/9/86.

Set 5 joints 9-5/8", 32 #/ft, J-55 surface casing at 197' KB. Cemented with 175 sx Class B 3% CaCl2 (206.5 cu. ft.). Circulated 3 Bbls to surface. Pressure tested casing to 600 PSI for 30 minutes. Held.

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JAN 23 1986
OIL CON. DIV.
DIST. 3

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

SIGNED _____ TITLE Operations Manager DATE 1/10/86

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JAN 21 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCD