

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 59708

DRY NOTICE AND REPORT ON WELLS

1. This form is for proposals to drill or to deepen or plug back to a different reservoir.
2. APPLICATION FOR PERMIT (See also space 17 below)

RECEIVED

JAN 23 1986

Dry

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

840' FSL and 990' FEL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

8. FARM OR LEASE NAME

Star Lake Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WC Entrada

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 28, T20N, R6W

12. COUNTY OR PARISH 13. STATE

McKinley

New Mexico

14. PERMIT NO.

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

6651' GL, 6664' KB

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 COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

Propose to plug as follows:

Formation	Top	Plug
Entrada	5574	100'
Morrison	4780	100'
Dakota	4330	100'
Gallup	3270	100'
Mancos	2500	100'
Cliffhouse	782	100'
Casing shoe	197	100'
Surface Plug	50	50' surface plug.

As per verbal approval from Steve Mason, BLM, 1/20/86 - 4:00 PM.

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

SIGNED

TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

FEB 03 1986

OIL CON. DIV.
DIST. 3

APPROVED
AS AMENDED

JAN 30 1986

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC