

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Merrion Oil & Gas Corp.		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 960' FSL and 1800' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM 28737		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6884' KB		12. COUNTY OR PARISH Rio Arriba		13. STATE New Mexico		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Annie	
10. FIELD AND POOL, OR WILDCAT Counselors Gallup		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T23N, R6W		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.)*		18. I hereby certify that the foregoing is true and correct		19. SIGNED BY T. Greg Merrion	

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Resumed production	<input checked="" type="checkbox"/>		
(Other)				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

This well has been shut-in for more than ninety days.
Production resumed 10/16/87.

18. I hereby certify that the foregoing is true and correct		BY	
SIGNED	T. Greg Merrion	TITLE	Production Engineer
(This space for Federal or State office use)		DATE	10/28/87
APPROVED BY		TITLE	
CONDITIONS OF APPROVAL, IF ANY:		DATE	

*See Instructions on Reverse Side



LTR



Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-21-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Merrion Oil & Gas Corp.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Annie	Well No. 2	Pool Name, including Formation Counselors Gallup-Dakota	Kind of Lease State, Federal or Free Federal	Lease No. NM28737
Location Unit Letter <u>O</u> : <u>960</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>23N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

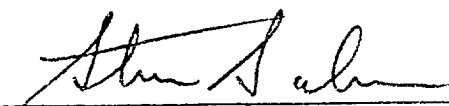
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Transportation, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 10	Twp. 23N	Rge. 6W	Is gas actually connected? Yes.	When 1/83

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

Operations Manager

DEC 10 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 10 1987, 19
BY B. J. Chang
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.