

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
NM-28737

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
ANNIE NO. 3

9. API Well No.
30-039-23170

10. Field and Pool, or Exploratory Area
COUNSELORS GALLUP

11. County or Parish, State
RIO ARRIBA, NEW MEXICO

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.

610 Reilly Ave Farmington NM 87401
ph: (505) 327-9801

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

2160' fnl & 1940' fel (sw ne)
G Sec 10, T23N, R06W, NMPM

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 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 checked="" 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 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.)*

Merrion requests approval to repair a suspected casing leak in the subject well by squeeze cementing and returning to production.

RECEIVED
AUG 29 1997
OIL CON. DIV.
DEPT. 2

COPIES: BLM+4, LAND+1, ACTG+1, WELL FILE+1

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

Signed Steven S. Dunn Title Operations Manager Date August 21, 1997

(This space for Federal or State office use)

Approved by /s/ Dunn Title _____ Date AUG 28 1997
Conditions of approval, if any:

NMCCD