UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
Other instructions on re

Cont. 430

Jicarilla

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED

DEC 09 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

WELL   X

1. NAME OF OPERATOR
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
990' FNL and 1650' FWL

8. FARM OR LEASE NAME
Jicarilla 430

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Undes. Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 36, T23N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6810' GL

12. COUNTY OR PARISH
Sandoval

13. STATE
New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Change of field	

(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 perti-
nent to this work.)*

Please change the field from: Undesignated Gallup
                          to: South Lindrith Gallup Dakota (Per MNOCD instructions.)

RECEIVED
FEB 03 1986
OIL CON. DIV.
DIST. 3

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

SIGNED _____   TITLE Operations Manager   DATE 12/5/85

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side