

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"/>		5. LEASE DESIGNATION AND SERIAL NO NM-25612
2. NAME OF OPERATOR Merrion Oil & Gas Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 660' FWL		8. FARM OR LEASE NAME Deer Mesa Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7712' KB		10. FIELD AND POOL, OR WILDCAT Wildcat Mesaverde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T21N, R5W
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Surface reclamation		<input checked="" type="checkbox"/>

(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.)*

The required surface rehabilitation has been completed on subject well.

RECEIVED
BLM MAIL ROOM
87 OCT 19 AM 8:43
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
NOV 02 1987
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Operations Manager

ACCEPTED FOR RECORD
DATE 10/16/87

(This space for Federal or State office use)

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

OCT 30 1987
DATE

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

*See Instructions on Reverse Side

NMOCC



INVOICE

No 2980

FARM:

87499

TO

Merrion Oil & Gas

P.O. Box 840

Farmington, NM 87499

DATE

8-27-87

CUSTOMER ORDER NO.

SALESMAN

VIA

TERMS:

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Transported equipment to Deer Mesa #1. Cleaned up reserve pit.		
6 hr	Truck & lowboy	39.00	\$ 234.00
8 hrs	TD 20E Dozer	58.00	\$ 464.00
4 hrs	Pickup use & driving time	15.00	\$ 60.00
12 hrs o	Operator (Brice)	12.50	\$ 150.00
6 hrs	Driver (Ron)	12.50	\$ 75.00
	8-28-87		
8 hrs	TD 20E Dozer	58.00	\$ 464.00
2 hrs	Pickup use & driving time	15.00	\$ 30.00
10 hrs	Operator (Brice)	12.50	\$ 125.00
			\$ 1,603.00
	NM Tax		\$ 82.10

Thank You!

Total Invoice \$ 1,684.10

RECEIVED

NOV 02 1987

V.