Form 3160-5

UNITED STATES

SUBMIT IN TRIPLICATE.

Budget Bureau No. 1004-038

Formerly 9–331) DEPARTMENT OF THE INTERIOR (Other Instructions on re- BUREAU OF LAND MANAGEMENT		on re- 5. LEASE DESIGNATION AND SERIAL NO NM25815
(Do not use this form for proposals to drill	ND REPORTS ON WELLS l or to deepen or plug back to a different reservoir. R PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS X OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Merrion Oil & Gas Corp. 3. ADDRESS OF OPERATOR	10 10 10 10 10 10 10 10 10 10 10 10 10 1	8. FARM OR LEASE NAME Seattle Slew 8. WELL NO.
P. O. Box 840, Farmingotn, Location or WELL (Report location clearly and See also space 17 below.) At surface 2000' FNL and 1650' FEL		1 10. FIELD AND POOL OR WILDCAT Wildcat Chacra 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA
4. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, GR, etc.) 6,788 GL		Sec. 15, T21N, R7W 12. COUNTY OR PARISH 13. STATE Sandoval New Mexico
6. Check Appropriate NOTICE OF INTENTION TO:	Box To Indicate Nature of Notice, Report,	or Other Data
TEST WATER SHUT-OFF PULL OR ALT FRACTURE TREAT MULTIPLE CO SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLA (Other) 7. DESCRIBE PROPOSED OR COMPLETED OFERATIONS (C) proposed work. If well is directionally drilled nent to this work.) *	OMPLETE FRACTURE TREATMENT SHOOTING ON ACIDIZING OTHER REPORT OF THE PROPERTY	es to BLM letter of July 3, 1989 results of multiple completion on Well ecompletion Report and Log form.)
In response to your the process of plu	letter dated July 3, 1989 agging and abandoning sev	we are presently in veral wells and the

plugging rig is now on the Bonanza No. 1.

The Seattle Slew No. 1 will be plugged and abandoned immediately following the Silky Sullivan No. 1. We expect to have this work completed by the end of July, but in no case later than the end of August. If you have any questions please let me know.

JUL2 0 1989

OIL CON. DIV.

		0,01. 0
18. I hereby certay that the foregoing is the and correct		APPPA NO
SIGNED Steven S. Dunn	TITLE Operations Manager	DATE 7/10/89
(This space for Federal or State office use) APPROVED BY TITLE		DATE
CONDITIONS OF AFPROVAL, IF ANY:		Sen Townsend
*S	ee Instructions on Reverse Side	FATE OF LIVE DAY IN
*S	see Instructions on Reverse Side	The state of the s