

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0-35
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 078874

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Canyon Largo Unit

9. WELL NO.

310

10. FIELD AND POOL, OR WILDCAT

Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 4, T. 1N, R. 1E, M. 1N

12. COUNTY OR PARISH 13. STATE

Rio Arriba

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Merrion Oil & Gas Corp.

3. ADDRESS OF OPERATOR
P. O. Box 840, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2424' FNL and 1670' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6437' KB

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) Resumed production

(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 subject well has been shut-in more than ninety days. Production resumed 3/15/89.

RECEIVED
JUN 11 1990
OIL CON. DIV
DIST 3

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

SIGNED

TITLE Operations Manager

(This space for Federal or State office use)

ACCEPTED FOR RECORD DATE 4/25/89

APPROVED BY

TITLE

DATE MAY 24 1990

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

INMOCD

*See Instructions on Reverse Side