Form 3160-5 (November 1983) (Formerly 9-331)

16.

UNITED STATES SUBMIT IN TRIPLICATE® (Other instructions on reverse side)

Form approved. Budget Bureau No. 1004/0135 Expires August 31, 1985

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE DESIGNATION AND SERIAL NO.

NM 015014

BUREAU OF	LAND	MANAGEMEN	VT_	

SUNDRY NOTICES AND REPORTS ON WELLS,

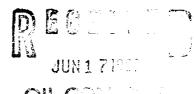
Use "APPLICATION FOR PERMIT—" for such proposals.)					
1.	OIL X CAS	OTHER	JUN 1 5 1987	7. UNIT AGRECMENT NA	ME
<u>.</u>	NAME OF OPERATOR			8. FARM OR LEASE NAM	E
		Merrion Oil & Gas Corp.	BUREAU OF LAND MANAGEMENT	McKenzie Fed	eral
3.	ADDRESS OF OPERATO		FARMINGTON RESOURCE AREA	9. WELL NO.	
		P. O. Box 840, Farmington,	New Mexico 87499	1	
 LOCATION OF WELL (Report location clearly and in accordance with a See also space 17 below.) At surface 			h any State requirements.*	Otero Gallup	
2020' FNL and 970' FWL			11. SEC., T., R., M., OR B SURVEY OR AREA	LK. AND	
				Sec. 25, T25	N, R6W
14	. PERMIT NO.	15. ELEVATIONS (Show wheth	her DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
			6595' KB	Rio Arriba	New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING	ll	WATER SHUT-OFF REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other) Resumed gas sales	X
(Other)	نـــا			(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.)

Resumed gas sales only on May 5, 1987.



		JOH T. C. Comb	
1			
18. I hereby correspond to the three and considered signer	TITLE Operations N	Manager ACCEPTED 6/12/87	
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL IF ANY:	TITLE	DAVEL 15 1987	
CONTAINAN OF AFFROMME AND	*See Instructions on Reverse Si	FARMINGTON NEODONGE AKEA BY SMM	