

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-1-15
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 ☒ GAS WELL ☐ OTHER ☐	2. NAME OF OPERATOR Merrion Oil & Gas Corporaiton	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 2020' FNL and 970' FWL	5. LEASE DESIGNATION AND SERIAL NO. NM015014	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME McKenzie Federal	9. WELL NO. 1	10. FIELD AND POOL OR WILDCAT Otero Gallup	11. SEC. T., R., M., OR BLE. AND SURVEY OR AREA Sec. 25, R6S , R6W	12. COUNTY OR PARISH Rio Arriba	13. STATE N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6595' KB											

16. 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

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

Resumed Production

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log forms.)

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 4/20/89.

RECEIVED

JUN 11 1990

OIL CON. DIV
DIST. 3

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

SIGNED

Steven S. Dunn

TITLE Operations Manager

DATE 4/25/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE 4/25/89

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side