

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1017, 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

970' FNL and 790' FEL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GL, etc.)
6954' GL

5. LEASE DESIGNATION AND SERIAL NO.

NM 16589

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shoofly

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Dufers Point Gallup

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

Sec. 15, T24N, R8W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Change Field ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Please change field from Escrito Gallup to Dufers Point Gallup.

New Land plat is required

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

SIGNED

TITLE Operations Manager

DATE 4/17/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 24 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA