

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 014580A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal A

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Dufers Point Gallup Dakota

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

Sec. 10, T24N, R8W

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:

OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP EN ☐ PLUG BACK ☐ DIFF. RESER. ☐ Other ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

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 Regulations)

At surface

2270' FNL and 790' FEL

At top prod. interval reported below

Same

At total depth

Same

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

15. DATE SPUDDED

9/7/85

16. DATE T.D. REACHED

9/11/85

17. DATE COMPL. (Ready to prod.)

11/23/85

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

7005' KB

19. ELEV. CASINGHEAD

6992' GL

20. TOTAL DEPTH, MD & TVD

5986' KB

21. PLUG BACK T.D., MD & TVD

5957' KB

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

ROTARY TOOLS

0 - TD

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION— TOP, BOTTOM, NAME (MD AND TVD)*

5419 - 5916, Gallup

4944 - 4871, Mancos

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Gamma Ray Correlation Log, IES Induction Log

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24 #/ft, J-55	220' KB	12-1/4"	175 sx Class B 3% CaCl2 (206.5)	
4-1/2"	10.5 #/ft, J-55	5985' KB	7-7/8"	200 sx Class H 2% gel (244)	
				700 sx Class B 2% Chemical	Ext. (1442)
				175 sx Class H 2% gel (213)	5)

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	5661' KB	

31. PERFORATION RECORD (Interval, size and number)

5419, 5442, 5630, 5638, 5665, 5701, 5704,
5706, 5735, 5737, 5739, 5835, 5838, 5841,
5856, 5858, 5860, 5862, 5879, 5884, 5904,
5906, 5916, 23 holes. 4944, 4942, 4941,
4932, 4923, 4917, 4903, 4896, 4888, 4883,

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5419 - 5916	Gelled oil. 127,500 # 20/40 sand 1407 Bbls oil.
4944 - 4871	70 Quality Foam, 40,000 # 20/40 526,321 SCF

33.* 4880, 4877, 4876, 4871, 14 holes PRODUCTION

DATE FIRST PRODUCTION 1/9/86 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping WELL STATUS (Producing or shut-in) Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1/13/86	24	3/4	→	75	50	3	41

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
100	100	→	75	50	3	667

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented

TEST WITNESSED BY

Tim Merilatt

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Operations Manager

DATE 1/13/86

*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem² tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	TOP	
				MEAS. DEPTH	TRUE VERT. DEPTH
Gallup	5419	5916	Oil, Gas	1515	
Mancos	4871	4944	Oil, Gas	1660	
				2103	
				2250	
				2430	
				3045	
				3490	
				3565	
				4684	
				4820	
				5630	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	1515	
Kirtland	1660	
Fruitland	2103	
Pictured Cliffs	2250	
Lewis	2430	
Chacra	3045	
Cliffhouse	3490	
Menefee	3565	
Point Lookout	4684	
Mancos	4820	
Gallup	5630	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED AUG 27 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	
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 2270' FNL and 790' FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6992' GL

5. LEASE DESIGNATION AND SERIAL NO. NM 014580A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Federal A	
9. WELL NO. 3	
10. FIELD AND POOL, OR WILDCAT Dufers Point Gallup Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T24N, R8W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Location moved			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

Change footage from 1980' FSL and 660' FEL to 2270' FNL and 790' FEL.

Drilling program, cement program and estimated tops will remain the same.

RECEIVED
SEP 06 1985
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Operations Manager

DATE 8/23/85

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
AS AMENDED
DATE SEP 05 1985

SEP 05 1985

(SGD.) MAT MILLENBACH
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC