

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"/>	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 940' FSL and 790' FEL
14. PERMIT NO.	15. ELEVATIONS (Show whether at surface or depth) 7178' 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. 2	10. FIELD AND POOL, OR WILDCAT Escrito Gallup	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T24N, R8W	12. COUNTY OR PARISH San Juan	13. STATE New Mexico
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OCT 03 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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) <input type="checkbox"/>	

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) <input type="checkbox"/> TD, Casing	

(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.) \*

TD 9/29/85 - 6174' KB.

Ran 4-1/2", 10.5 #/ft., J-55 Production casing to 6173' KB. Set casing with 230 sx Class H 2% gel (280.6 cu. ft.). Ran 700 sx Class B 2% Chemical Extender (1442 cu. ft.).

Circulated 1 Bbl cement to surface.

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OIL CON. DIV.  
DIST. 6

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

SIGNED

TITLE Operations Manager

DATE 10/1/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
DATE

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY