

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 078875
2. NAME OF OPERATOR Merriam Oil & Gas Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME Canyon Largo Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650'N, 1650'E	8. FARM OR LEASE NAME Canyon Largo Unit
14. PERMIT NO.	9. WELL NO. 325
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6400' GL	10. FIELD AND POOL, OR WILDCAT Devils Fork Gallup Ext.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-25N, R6W
	12. COUNTY OR PARISH NMDC
	13. STATE Rio Arriba N.M.

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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.)

Request approval to repair casing leak from 3762' to 3961' by squeeze cementing w/ 100 sx class "G" 1% cacl₂, 0.6% FLA. Will drill out and test for shut-off prior to resumption of production.
(Verbal approval received from Mr. Ken Townsend 8/15/88)

RECEIVED
AUG 24 1988
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Operations Manager

DATE 8/16/88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APPROVED

AUG 19 1988

AREA MANAGER