

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SE 078875
2. NAME OF OPERATOR Merrion 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 325
14. PERMIT NO.		9. WELL NO.
15. ELEVATIONS (Show whether DF, RT, CR, 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 Rio Arriba
		13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Resumed production</u>	
(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.) \*

Repaired hole in casing, 3,762' to 3,960' gross interval, by squeeze cementing with 150 SX (173 cu. ft.) Class "G", 1%  $\text{CaCl}_2$ , 0.6% FLA. Drilled out good cement, pressure tested to 1000 PSI okay. Swab tested with no fluid entry. Reran production string and resumed production August 24, 1988.

RECEIVED  
AUG 25 1988  
FARMINGTON RESOURCE AREA

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

SIGNED [Signature] TITLE Operations Manager DATE 8/25/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
DATE AUG 29 1988  
FARMINGTON RESOURCE AREA  
BY Kltave 11

\*See Instructions on Reverse Side