UNITED STATES

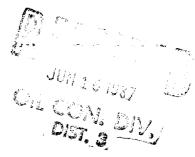
SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 1004-0135

(Formerly 9–331) DEPARTMENT OF TH BUREAU OF LAND MA		5. LEASE DESIGNATION AND SERIAL NO. SF 080384B
SUNDRY NOTICES AND RI (Do not use this form for proposals to drill or to de Use "APPLICATION FOR PERMIT	eepen or plug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAB OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Merrion Oil & Gas Corp.		Hickman A1
3. ADDRESS OF OPERATOR		9. WELL NO.
P. O .Box 840, Farmington, New Mexico 87499		1R
P. O .Box 840, Farmington, New Mexico 87499 1. LOCATION OF WELL (Report location clearly and in accordance with any State remutamental See also space 17 below.) At surface		10. FIELD AND POOL, OE WILDCAT Gallegos Gallup
1650' FSL and 1650' FW	- OON II 1007	11. BEC, T., R., M., OR BLK, AND BURYET OR AREA Sec. 10-26N., R. 12W.
	how whether Dr. BIJ REACH OF LAND MANAGEMEN. 080' GL FARMINGTON RESOURCE AREA	12. COUNTY OF FARISH 13. STATE San Juan New Mexico
16. Check Appropriate Box To	o Indicate Nature of Notice, Report, or O	ther Data
NOTICE OF INTENTION TO:	орхаков	ENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASIN	NG WATER SHOT-OFF	REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other)	
(Other) Repair casing	(Norz: Report results Completion or Recomple	of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta proposed work. If well is directionally drilled, give st	ite all pertinent details and give pertinent dates	including estimated data of starting and

nent to this work.) .

Request permission to pull casing out of slips and run 1" tubing to 1500'. will establish circulation, mix and pump 220 sx Class 'B' 2% D-79 (453 cu.ft.) to place cement across Pictured Cliffs, Fruitland, and Farmington sands. Top of cement estimated to be surface. Will then resume completion operations in Gallup formation.



S. I hereby correly that the foregone is who and correct SIGNED	TITLE Operations Mana	APPROVED	
(This space for Federal or State office APPROVED BY CONDITIONS OF APPROVAL, IF AN	TITLE	DATE JUNE 1 9 1 81	
, 5		FATAREA MANAGER	

*See Instructions on Reverse Side