

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 10434
2. NAME OF OPERATOR Merrion Oil & Gas Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1460' FNL and 950' FWL		8. FARM OR LEASE NAME Dome Federal 21-27-13
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, OR, etc.) BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		10. FIELD AND POOL, OR WILDCAT WAW Fruitland-Pictured Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T27N, R13W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

18. 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 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>Change of Operator</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.) *

Merrion Oil & Gas Corp. is now the Operator of the subject well.

"Approval of this action does
not warrant that the applicant
holds legal or equitable rights
or title to this lease."

RECEIVED
JUN -1 1987
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Operations Manager

ACCEPTED FOR RECORD

5/27/87

(This space for Federal or State office use)

APPROVED BY

TITLE

MAY 29 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side