

Form 1000-5
(November 1983)
Formerly 1000-1

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Bureau of Land Management
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

N00 C 14 20 7473

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well. For such proposals, use "APPLICATION FOR PERMIT--" for such proposals.)

RECEIVED

1. NAME OF WELL WELL NO. 142 WELL NO. 143 OTHER Dry Hole	OCT 10 1985	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	BUREAU OF LAND MANAGEMENT	8. FARM OR LEASE NAME Charley
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499	FARMINGTON RESOURCE AREA	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL and 1850' FEL		10. FIELD AND POOL, OR WILDCAT WAW Fruitland PC
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 21, T27N, R13W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6055' GL	12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input 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.)

Surface rehabilitation completed.

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

SIGNED

TITLE

Operations Manager

DATE

10/9/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOC

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