Form 3160-5 November 1983) Formerly 9-331	

UNITED STATES

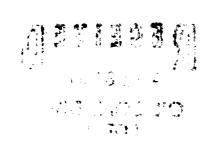
SUBMIT IN TRIPLICATE

Budget Bureau No. 1004-0135 Expires August 31, 1985

Formerly 9-331) DEPARTMENT OF THE INTERIOR verse alde)			5. LEASE DESIGNATION AND SERIAL NO.
	BUREAU OF LAND MANA	GEMENT	NOO-C-14-20-7471
SHNDI	RY NOTICES AND REP	ORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this for	rm for proposals to drill or to deepe	n or plug back to a different reservoir.	
Ŭ	se "APPLICATION FOR PERMIT"	for such proposals.)	Navajo Allotted 7. UNIT AGREEMENT NAME
OIL - 6A8 -			(CONT AVELERAT NAME
WELL WELL X	OTHER	77.00 as a 1	8. FARM OR LEASE NAME
Merrion Oil & C	Gas Corporation	그 그 기탁 계기를 오십시었다. [1] [1] [1]	Pete
ADDRESS OF OPERATOR	343 COL POTA 313		9. WELL NO.
P. O. Box 840,	Farmington, New Mexico	87499 ;	1R
See also space 17 below.	ort location clearly and in accordance	with any State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface			Basin Fruitland
			11. SEC., T., E., M., OR BLK. AND SURVEY OR ARMA
1,740' FSL and	870' FEL		Co. 25 2231 2131
4. PERMIT NO.	15 ELEVATIONS (Show	whether DF, RT, GR, etc.)	Sec. 35, T27N, R12W
T. I BRAIL NO.		5' GL	San Juan NM
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
€.	Check Appropriate Box To In	dicate Nature of Notice, Repor	t, or Other Data
NOT	CICE OF INTENTION TO:	; 	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	T ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZI	NG ABANDONMENT*
REPAIR WELL	CHANGE PLANS	X (Other) Norm: Report	results of multiple completion on Well
Other) Perforat		- autherion or i	Recompletion Report and Log form.) t dates, including estimated date of starting any
Merrion interval	requests approval in this well as for	to perforate adollows:	dditional Fruitland
	1,084 - 87' 2	PF 0.34" DIA	
		PF 0.34" DIA	
		PF 0.34" DIA	
	Total 16 holes		
Will tes well to p	t and stimulate by production. Work	frac if necessary frac if necessary	
			W ECEIAED
			APR1 8 1990
1.	- 10		OIL CON, DIV.
S. I hereby Arthribe be	e foregoing is true and correct	Operations Manager	
Steven Steven	S. DunnTI	TLE	APPROVED
This space for Federal	or State office use)		APR 1 3 1990
APPROVED BYCONDITIONS OF APPR		rle	FOR AREA MANAGER
		*	

NMOCD

*See Instructions on Reverse Side



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