

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
Other instructions on re-
verse side

Form approved
Budget Bureau No. 100-101-1
Expenditure Account 51-100-1

5. LEASE DESIGNATION AND SERIAL NO.

14 20 603 2198

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo E

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Totah Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 24, T29N, R14W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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.
1. APPLICATION FOR PERMIT for such proposals

WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 840, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with all State requirements)

See also space 17 below.)
At surface

2130' FSL and 510' FEL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether

5447' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE WELL AND 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 9/20/85.

RECEIVED
OCT 17 1985
C/L C...
ACCEPTED FOR RECORD

OCT 15 1985

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED

TITLE Operations Manager

DATE 10/8/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

NMOCC