

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other ☐

2. NAME OF OPERATOR  
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 1017, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1880' FNL and 1730' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:      SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Spud, Surface Casing	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED

JAN 31 1984

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Spud 1/29/84.  
Drill to 230' KB. Set 210.5' of 8-5/8" surface casing @ 223' KB with 175 sx cement (361 cu. ft.). Circulated 3 Bbls to surface.  
Pressure test casing to 600 PSI. Held good.

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FEB 02 1984  
OIL CON. DIV.  
DIST.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Operations Manager DATE 1/30/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 01 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY Smr