			_ .	
UNITED STATES	5. KEASE			
DEPARTMENT OF THE INTERIOR	SF 078359	•	-	
		ALLOTTEE OR	TOIDE NAME	
GEOLOGICAL SURVEY	G. IF HADIAN,	ALLUTTEE OR	I RIBE NAM	<u>.</u>
	7 HAUT ACRE	CMENT MANE		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGRE	EMENT NAME		-
(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.)			=	-
reservoir. Use Form 9-331-C for Such proposess./	8. FARM OR L	EASE NAME		
1. oil gas 📑	Rita Com	<u> </u>	<u> </u>	
well X well other	9. WELL NO.	3725		• •
2. NAME OF OPERATOR	4	3.0 7.9	<u> </u>	
Merrion Oil & Gas Corporation	10. FIELD OR V	WILDCAT NAME	: <u> </u>	••
3. ADDRESS OF OPERATOR	Counselors	Gallup-Dak	oŧa	
P. O. Box 1017, Farmington, New Mexico 87499	11. SEC., T., R	., M., OR BLK.	AND SURVE	EY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		4	
below.)	Sec. 8. T23	N. RGW		
AT SURFACE: 1880' FNL and 1730' FWL	12. COUNTY O			
AT TOP PROD. INTERVAL: Same	Rio Arriba	- ₹ = Ne	w Mexico)
AT TOTAL DEPTH: Same	14. API NO.	<u> </u>		;
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	1			<u>-</u>
REPORT, OR OTHER DATA	15. ELEVATION	IS (SHOW DF.	KDB. AND	WD'
	6811' GL		: -	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		<u> </u>		
TEST WATER SHUT-OFF			<u> </u>	
FRACTURE TREAT		물짓 질병		
SHOOT OR ACIDIZE				÷
REPAIR WELL		results of multiple on Form 9-330.)	completion of	of zone
PULL OR ALTER CASING	cnatige	OII FORM 9-030.7		
CHANGE ZONES	÷		· · · ·	<u>:</u>
ABANDON® Rehabilitation		T 2 _ 1		<u>ئ</u>
(other)		के माजू थ जाता है भा	- 21. - 12. - 13 13 1	
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is determined to the complete of th	e all pertinent de lirectionally drilled	etails, and give	e pertinent i	dates Is and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)*	4 - 6 4		
Reseeding and rehabilitation has been complete	d on this wa	all site		•
Reseeding and remabilitiation has been complete	d on this we	3100.	-	
		- 1	<u> </u>	-
•			e m	-
	<i>:</i>		四月日	
				· _ ·
			A E	
			, -	-
		LATERAL S	DW.] -	
		** * * * *		
				• ;
Subsurface Safety Valve: Manu. and Type		Set @ _	·	F
		1.		
18. I hereby certify that the foregoing is true and correct	٨٨٨	EDTEN END	DECADO	-

*See Instructions on Reverse Side

