UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Form 9–331 Dec. 1973	Form Approved. Budger Bureau No. 42–R1424	
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 4565	
GEOLOGICAL SURVEY	6. IF INDIAN, AL	LOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEM	
1. oil gas K other	Alemita 9. WELL NO.	100 0 300 100 1 300 100 1 300
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	2 10. FIELD OR WIL	· · · · · · · · · · · · · · · · · · ·
3. ADDRESS OF OPERATOR P. O. BOx 1541, Farmington, New Mexico 87499		M OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1850' FWL and 790' FNL AT TOP PROD. INTERVAL: Same	Sec. 28, T221 12. COUNTY OR I	N, R7W PARISH 13. STATE New Mexico
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.	(SHOW_DF, KDB, AND WD
	6762' GL	The right of and a second of a
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Test Test	() () () change on	ults of multiple completion or zone Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly 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.)* ur da fo afrego dis adt uct anco dort sun god) a de dina endi a

Move in, rig up pulling unit.

Install $3-1/2 \times 1-1/2$ " tubing head.

Perfs @ 1510. Run sinker bar and depthometer. Check for sand fill. PBTD @ 1622' KB. Sand pump out sand fill.

Pick up 1-1/2" EUE tubing with saw tooth collar and seating nipple $\overline{\S}_i$ Land tubing @ 1500 ft.

Swab test Chacra perfs.

APR 2 3 1984

OIL CON. DIV. Subsurface Safety Valve: Manu. and Type DIST. 3

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

TITLE Operations ManagerDATE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: _ TITLE .

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