

Operator
MERRION OIL & GAS CORPORATION

Address
P. O. Box 1017, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Change of Operator
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Change of Operator

Operator
If change of operator, give name and address of previous owner
J. Gregory Merrion Y Robert L. Bayless, Box 507, Farmington, NM

DESCRIPTION OF WELL AND LEASE

Lease Name
Jicarilla 430

Well No.
1-Y

Pool Name, including Formation
Ballard Pic. Cliffs

Kind of Lease
State, Federal or Fee Indian

Lease No.
430

Location
Unit Letter
1650 Feet From The South Line and 940 Feet From The East

Line of Section
25 Township
23N Range
5W, NMPM, Sandoval Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)
Oil well Gas well New Well Workover Deepen Plug Back Some Restr. Diff. Re

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (D.F., R.N.E., R.T., G.R., etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure

Actual Prod. During Test Oil-Bbls. Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Quantity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (shot-in) Casing Pressure (shot-in) Choke Size

CERTIFICATE OF COMPLIANCE

Hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Steve S. Dunn, Operations Manager
1/6/82

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by FRANK T. CHAVEZ
BY
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, lease, transporter, or other such change of condition.

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 ☐ gas ☐ other ☒ Dry Hole

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1017, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL and 940' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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

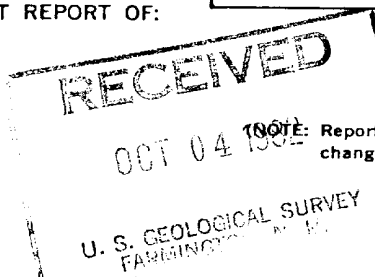
REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Dry Hole Marker & Reseeded



5. LEASE
Contract 430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla 430

9. WELL NO.
1 Y

10. FIELD OR WILDCAT NAME
Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T23N, R5W

12. COUNTY OR PARISH | 13. STATE
Sandoval | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6913' GL

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.)*

The dry hole marker has been erected on this well and the reseeded and reclamation has been done.

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 10/1/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 5 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON, N.M.
BY [Signature]