Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 840, Farmingotn, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL and 1650' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
Cont. 430

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla 430

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla 430

9. WELL NO.
6

10. FIELD OR WILDCAT NAME
Undes. Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 36, T23N, R5W

12. COUNTY OR PARISH
Sandoval Co.

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6810' GL

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*	☐		☐
(other) Upper Mancos Squeeze			

RECEIVED
JUL 30 1985
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.)*

Well producing excessive formation fines and water. Isolated various zones with packer and bridge plug. Determined problem zone is Upper Mancos 4470 - 4505' KB. Squeezed off perfs 4470 - 4505' KB with 50 sx Class H, .6% fluid loss additive, 1% CaCl2 (yield 1.05 cu. ft/sk.), 52.5 cu. ft. Drilled out squeeze and pressure tested squeeze to 1500 PSI, OK. Swabbed well down with no fluid entry. Pulled bridge plug and returned well to production.

RECEIVED
AUG 2 - 1985
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Operations Manager DATE 7/29/85

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
AUG 01 1985
FARMINGTON RESOURCE AREA
BY _____

*See Instructions on Reverse Side

NMOCC