

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: 1650' FSL and 835' 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	<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) <u>Rehabilitation completed</u>		

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.)*

Rehabilitation of this lease completed according to recommendations.

5. LEASE SF 078886	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Canyon Largo Unit	
9. WELL NO. 124	
10. FIELD OR WILDCAT NAME Devils Fork Gallup	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 17, T24N, R6W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6606' DF	

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

RECEIVED

OCT 17 1984

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 [Signature] TITLE Operations Manager DATE 10/11/84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 17 1984

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
DI _____
BY [Signature]

Sterling Brothers Construction, Inc.

P. O. Box 2408
FARMINGTON, NEW MEXICO 87401

2426

Phone 325-3125

TO

Merrion Oil & Gas Corporation

P.O. Box 1017

Farmington, NM 87499

DATE

Sept. 10, 1984

CUSTOMER ORDER NO

SALESMAN

OCT 10 1984

RECEIVED

TERMS:

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Walked seeding equipment to work site. Restored and seeded disturbed areas at Canyon Largo Unit 124 location.		
3 hr	Seeding equipment	48.00	\$ 144.00
	Seed Mix I		\$ 55.00
2 hr	Pickup use & driving time	15.00	\$ 30.00
5 hr	Operator (Mike)	12.50	\$ 62.50
			\$ 291.50
	NM Tax		\$ 11.66
	Total Invoice		\$ 303.16

John
Thank You!