REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

Plat

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE **CHANGE ZONES**

ABANDON*

(other)

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

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078874 6. IF INDIAN, ALLOTTEE 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	7. UNIT AGREEMENT NAME Canyon Largo Unit
reservoir. Use Form 9–331–C for such proposals.) 1. oil 次 gas	8. FARM OR LEASE NAME Canyon Largo Unit
well well other 2. NAME OF OPERATOR	9. WELL NO. 299
Merrion Oil & Gas Corporation 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Devils Fork Gallup Assoc.
P. O. Box 1017, Farmington, New Mexico 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T24N, R6W
AT SURFACE: 990' FSL and 1840' FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE New Mexico

1. oil gas well well other 2. NAME OF OPERATOR Merrion Oil & Gas Corporation 3. ADDRESS OF OPERATOR P. O. Box 1017, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990' FSL and 1840' FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

> SUBSEQUENT REPORT OF: RECEIVED

15. ELEVATIONS (SHOW DF, KDB, AND WD)

 $\mathbb{NAR} \ 1.6 \ 198$ OTE: Report results of multiple completion or zone chan e on Form 9-330.)

14. API NO.

U. S. GEOLOGICAL SURVEY

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.)*

Attached is a corrected plat showing the dedicated acreage to be 160 instead of 80.



Subsurface Safety Valve: Manu. and Type Set @ 18. I hereby certify that the foregoing is true and correct TITLE Operations Managerate SIGNED APPROVED BY CONDITIONS OF APPROVAL, IF ANY: MAR 18 1983

*See Instructions on Reverse Side