

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO. **D 078922**

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Canyon Largo Unit

8. FARM OR LEASE NAME
Canyon Largo Unit

9. WELL NO.
332

10. FIELD AND POOL, OR WILDCAT
Devils Fork Gallup

11. SEC. T., R., M., OR BLOCK AND SURVEY OF AREA
Sec 1, T24N, R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. 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 and in accordance with any State requirements)
At surface **970' FNL and 960' FEL**
At top prod. interval reported below **Same**
At total depth **Same**

14. PERMIT NO. **241.3** DATE ISSUED **JAN 12 1984**

15. DATE SPUDDED **11/1/83** 16. DATE T.D. REACHED **11/9/83** 17. DATE COMPL. (Ready to prod.) **12/18/83** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **6748' KB** 19. ELEV. CASINGHEAD **6735' GL**

20. TOTAL DEPTH, MD & TVD **6142' KB** 21. PLUG, BACK T.D., MD & TVD **6094' KB** 22. IF MULTIPLE COMPL., HOW MANY* **→** 23. INTERVALS DRILLED BY **0 TD** ROTARY TOOLS **→** CABLE TOOLS **→**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
5724 - 5957' KB, Gallup

25. WAS DIRECTIONAL SURVEY MADE? **No**

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Correlation Log and Compensated Density Log

27. WAS WELL CORED? **No**

29. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24 #/ft.	214' KB	12-1/4"	175 sx (360.5 cu. ft.)	
4-1/2"	11.6 #/ft.	6142' KB	7-7/8"	225 sx (274.5 cu. ft.) Class H	
				700 sx (1442 cu. ft.) Class B	
				100 sx (122 cu. ft.) Class H	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	5732' KB	

31. PERFORATION RECORD (Interval, size and number)

5957, 5953, 5947, 5940, 5924, 5916, 5904, 5900, 5845, 5833, 5830, 5828, 5826, 5802, 5798, 5758, 5748, 5724' KB, 1 each.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5724 - 5957' KB	Maxi-0-74, gelled oil. 170,000#
	20/40 sand, 1450 Bbl's oil.

33.* PRODUCTION

DATE FIRST PRODUCTION **1/06/84** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **Flowing** WELL STATUS (Producing or shut-in) **Producing**

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
1/6/84	24	3/4"	→	140	194	-0-	1386

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
450	1000	→	140	194	-0-	45°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
Vented - to be sold

TEST WITNESSED BY
Don Wood

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED *John S. ...* TITLE **Operations Manager** DATE **JAN 01 1984**

*(See Instructions and Spaces for Additional Data on Reverse Side)

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA
SM

NMOCC

RY

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s) and bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement". Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Gallup	5721	5957	Oil, Gas

38. GEOLOGIC MARKERS		MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo		1750	
Kirtland		1920	
Fruitland		2170	
Pictured Cliffs		2394	
Lewix		2415	
Cliffhouse		3899	
Menefee		3987	
Point Lookout		4643	
Mancos		4866	
Gallup		5721	

39. SUMMARY OF WELL COMPLETION OR RECOMPLETION REPORT	
NAME OF OPERATOR	...
ADDRESS OF OPERATOR	...
DATE OF COMPLETION	...
TYPE OF COMPLETION	...
MEAS. DEPTH	...
TRUE VERT. DEPTH	...