

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1840' FSL and 1805' 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:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other) Casing, TD

SUBSEQUENT REPORT OF:

-
-
-
-
-
-
-
-

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

5. LEASE
NM 0558141

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Old Rock Com

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T25N, R6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6382' 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.)*

TD of 6060' KB on 2/3/83. Ran 6061.88' of 4.5, 11.6 #/ft, casing set @ 6052' with 225 sx, (274.50 cu. ft.) Class H w/2% gel. 700 sx (1442 cu. ft.) Class B with 2% Econofil. Tail in with 100 sx (122 cu. ft.) Class H 2% gel.

1564
274
1838

RECEIVED

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 2/4/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

FEB 9 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
CY ABA