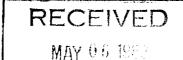
UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	5. LEASE							
	NOO-C-5008							
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME							
S erent	7. UNIT AGREEMENT NAME							
	8. FARM OR LEASE NAME Warito Com							
	9. WELL NO.							
	1							
	10. FIELD OR WILDCAT NAME							
_	Basin Wala							
T	11. SEC., T., R., M., OR BLK. AND SURVEY OF							
17	AREA Sec. 7, T25N, R8W							
	12. COUNTY OR PARISH 13. STATE							
	San Juan New Mexico							
	14. API NO.							
ICE,								
	15. ELEVATIONS (SHOW DF, KDB, AND WD)							
	6341' G.L.							
•	(NOTE: Report results of multiple completion or zone change on Form 9–330.)							

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differeservoir. Use Form 9-331-C for such proposals.) gas 1. oil well 🔀 well other 2. NAME OF OPERATOR Merrion Oil & Gas Corporation 3. ADDRESS OF OPERATOR P. O. Box 1017, Farmington, New Mexico 8740 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space AT SURFACE: 790 FNL and 1810 FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT REPORT, OR OTHER DATA SUBSEQUENT REPORT OF 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) Spud Notice

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.)*

Spud 5/5/82. Drill to 234' KB. Set 209' of 8-5/8" casing @ 223' KB w/170 sx cement.



U. S. GLUE UCHCAL SURVEY

FARMINGTON, N. M. and Type



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18. I hereby certify that the foregoing is tue and correct											
, , , , , , , , , , , , , , , , , , ,	TITLE Operations Manager DATE	5/5/82									
	(This space for Federal or State office use)	the state of the property of the state of th									

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APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE