

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: 790' FSL and 790' FWL

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  | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> |
| (other) Spud, Casing |                          |

(other) Spud, Casing

SUBSEQUENT REPORT OF:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

RECEIVED

JUN 04 1984

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 5/29/84.

Set 8-5/8", J-55 surface casing @ 209' KB with 175 sx (360.5-cu. ft.) Class B cement. Circulated 5 Bbls to surface.

Pressure tested to 600 PSI for 30 minutes. Held OK.

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 6/1/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

JUN 18 1984

**\*See Instructions on Reverse Side**

FARMINGTON RESOURCE AREA

BY Smm

NMOCB