Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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 [X]   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: 660' FSL and 1980' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
SF 078475

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Stephenson

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Dufers Point Gallup Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, T25N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6517' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[ ]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other) Surface Casing		

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.)*

Spudded 8/16/84.
Set 5 joints 8-5/8", 24 #/ft, J-55 surface casing @ 212' KB with 170 sx
(207.4 cu. ft.) Class B. Circulated 2 Bbls to surface.
Pressure tested to 600 PSI. Held OK.

RECEIVED
AUG 29 1984
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 08/17/84 ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE AUG 24 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCC