UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| Form 9–331 Dec. 1973 | Form Approved. Budget Bureau No. 42-R1424 |
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| UNITED STATES | 5. LEASE |
| DEPARTMENT OF THE INTERIOR | SF-080384-B |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME |
| 1. oil gas | Hickman |
| well well X other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 7 |
| Merrion Oil & Gas Corporation | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Wildcat |
| P. O. Box 1017, Farmington, New Mexico 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) 550 FNL and 790 FEL | Sec. 3, T26N, R12W |
| AT SURFACE: 550 FNL and 750 FEB AT TOP PROD. INTERVAL: Same | 12. COUNTY OR PARISH 13. STATE San Juan New Mexico |
| AT TOTAL DEPTH. | |
| Salle | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | TE SIGNATIONS (CHOW DE KDD AND WD) |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5883 GL |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 3803 @ |
| TEST.WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING | (NOTE: Report results of multiple completion or zone change on Form 9–330.) |
| MULTIPLE COMPLETE | |

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.)*

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

Plugged as follows: Rig up Cementers Inc. Pump in 40 sx neat cement.

Wellbore full of cement top to bottom.



OIL CON. DIV. DIST 2

| Subsurface Safety Valve: Manu. and Ty | pe | \D. | Set @ | Ft. |
|---|---------------------------------|------------------------|---------|-----|
| 18. I hereby certify that the foregoing i | is true and correct | | | |
| SIGNED The SIGNED | TITLE Operations | Manager _{ATE} | 6/25/82 | |
| | (This space for Federal or Stat | e office use) | | |
| APPROVED BY | TITLE | DATE | | |