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

_	<u> </u>
1	5. LEASE SF 080384 B
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
ᅱ	
	7. UNIT AGREEMENT NAME
11	<u> </u>
	8. FARM OR LEASE NAME Hickman
	Hickman Side F
_	9. WELL NO.
	8 <u>44 St # 1 St</u>
	10. FIELD OR WILDCAT NAMESO. Gallegos
	Fruitland; Wildcat Pic. Cliff
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
7	AREA STOKE OF SECTION
•	Sec. 3, T26N, 9822W F 7 2 2
	12. COUNTY OR PARISH 13. STATE
	San Juan New Mexico
	14. API NO. 글로선등 등 공통률은
Ξ,	원생이다. 그 상태교기
	15. ELEVATIONS (SHOW_DF, KDB, AND WD)
	[5951'GL 및 일본 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
	한 한 사람

ċ =

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir, Use Form 9-331-C for such proposals.) 1. oil gas other well well 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 1 below.) AT SURFACE: 1850' FSL and 790' 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: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* 6-14-83 Pumped 110 sx (130 cu. ft.) cement filling casing top to bottom. 10 ex into formation. Dry hole marker installed. Subsurface Safety Valve: Manu. and Type ∷ 18. I hereby certify that the foregoing is true and correct Operations Managerate (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL IF ANY: