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

Form 9–331 Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 080238A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Chaco
1. oil gas 🖄 other	9. WELL NO.
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	9R 10. FIELD OR WILDCAT NAME
3 ADDRESS OF OPERATOR	WAW Fruitland/PC
P. O. Box 1017, Farmington, New Mexico 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	Sec. 6, T26N, R12W
AT SURFACE: 1750' FNL and 1010' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15, LLEVATIONS (SHOW DF, KDB, AND WD) 5955 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	Lea Marine that a
TEST WATER SHUT-OFF SHOOT OR ACIDIZE	XNOTER Report results of multiple completion or zone change on Form 9–330.)
SHOOT OR ACIDIZE	VNATE. Report results of multiple completion or zone
REPAIR WELL ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	change on Form 9–330.)
MULTIPLE COMPLETE	
ABANDON* Casing, TD X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly starincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	HILECTIONS IN CHINES. KINE SUDSTITUTE LOCATIONS AND
TD 1265. PBTD 1233'.	
Ran 41 joints 2-7/8", J-55 Seamless 6.5 110 sx (192.50 cu. ft.) 50/50 Poz, 10 sx	#/ft. EUE. Set @ 1265' KB with (11.80 cu. ft.) Neat 2% CaCl ₂ .

Ran 41 joints 2-7/8", J-55 Seamles 110 sx (192.50 cu. ft.) 50/50 Poz, Circulated 1 Bbl to surface.

Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct Operations Manager 2/16/83 SIGNED (This space for Federal or State office use) TITLE APPROVED BY 25 12 11 CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side