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

	5. LEASE		
	SF 080384 B		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	• •		
	7. UNIT AGREEMENT NAME		
ent			
	8. FARM OR LEASE NAME		
	Hickman		
	9. WELL NO.		
	7R		
	10. FIELD OR WILDCAT NAME		
	So. Gallegos Fruitland		
}	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
17	AREA		
	Sec. 3, T26N, R12W		
	12. COUNTY OR PARISH 13. STATE		
	San Juan Co. New Mexico		
	14. API NO.		
~	\$		

GEOEDGICAE GONTE!	
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	설립하는 글 아이
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas xx	Hickman
well well other	9. WELL NO.
2. NAME OF OPERATOR	7R : : : : : : : : : : : : : : : : : : :
Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	So. Gallegos Fruitland
P. O. Box 1017, Farmington, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 3, T26N, TR12W
below.) AT SURFACE: 500' FNL and 790' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan Co. New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW_DF, KDB, AND WD)
	5882 GL 2 3
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	조실실록 · · · · · · · · · · · · · · · · · ·
TEST WATER SHUT-OFF L	기가 가는 기가는 협통되었다. 등 사용입인다
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
ABANDON*	
(other) APD Extension	기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine  Please extend the Application for Permit to Drisix months.  Carrended to leave the six months.	ill on this well-for another
REGE!  MAR 2 9 19	84 <b>U</b> ***
OIL CON. DIST. 3	D/V.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct  SIGNED	anager -3/20/84
(This space for Federal or State of	APPROVED
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	- 1
	MAD 2 z 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA