Form Approved.

Buaget	Bureau	No.	42-R142

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 Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME		
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. Oii gas 🛣 other	Hickman		
men — wen outer	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. LCCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	· · ·		
below.) AT SURFACE: 500' FNT. and 790' FET.	Sec. 3, T26N, R12W 12. COUNTY OR PARISH 13. STATE		
AT SURFACE: 500' FNL and 790' FEL AT TOP PROD_INTERVAL: Same	San Juan New Mexico		
AT TOTAL DEPTH: Same	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	TT. ALLINO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
	5882' GL .		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF			
FRACTURE TREAT SHOOT OR ACIDIZE			
REPAIR WELL H	(NOTE) Report results of multiple completion or zone		
PULL OR ALTER CASING TO THE	change on Form 9-330.)		
MULTIPLE COMPLETE D JUL 0 6 198	4		
CHANGE ZONES			
AEANDON* Spud, Surface Casing, TD, OLL CON.	DiV.		
DIST. 3			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and		
Spud 6/13/84			
Set 2 joints of 8-5/8" surface casing @ 92' KE	B with 50 sx Class B (103 cu. ft.)		
cement. Ciculated 1 Bbl to surface.			
Pressure test casing to 600 PSI for 10 minutes			
Set 32 joints of 5-1/2" casing @ 1080' KB (15.			
Class H 2% gel (214 cu. ft.). Circulated trace Pressure tested casing	ct of cement to surface.		
-			
TD @ 1148' KB 6/17/84.	RECEIVED		
	JUL. 2 1984		
Supsurface Safety Valve: Manu. and Type	BUREAU OF LAND MANAGEMENT FAR SECTION PRODURCE AREA		
13. Thereby certify that the foregoing is true and correct			
TITLE Operations Ma	nagerbare 6/29/84		
(This space for Federal or State off	ice use)		
FRED. ID BY TITLE			
DATE ONS OF APPROVAL, IF ANY:			
	SUL O STR		

*See Instructions on Reverse Side

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