Form 9-331 Dec. 1973

UNITED STATES

Form	Approved	l.		
Budge	et Bureau	No.	42-R	42

DEPARTMENT OF TH	3. LEASE			
	NOO-C-14-			
GEOLOGICAL SU	i .	N, ALLOTTEE OR	TRIBE NAME	
		Navajo		-
SUNDRY NOTICES AND RE	PORTS ON WELLS	7. UNI AG	REEMENT NAME	
(Do not use this form for proposals to drill or to reservoir. Use Form 9-331-C for such proposals.)	deepen or plug back to a different	2 51011.05		
		Charley	LEASE NAME	
1. oil gas cother		<u>_</u>		
Well United		9. WELL NO		
2. NAME OF OPERATOR Merrion Oil & Gas Corporati	.on		R WILDCAT NAME	
3. ADDRESS OF OPERATOR		Gallegos	Gallup Exte	nsion
P. O. Box 1017, Farmington,			AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCAT		AREA	N., W., OR BEN.	AND SURVET UR
below.)	TON CLEARET. See space 17		T27N, -R13W	
AT SURFACE: \$40 FSL and 1	12. COUNTY	OR PARISH 13	STATE -	
AT TOP PROD. INTERVAL:	San Juan	=	w Mexico	
AT TOTAL DEPTH: Same	14. API NO.	#### 1 NEED		
16. CHECK APPROPRIATE BOX TO IND	CATE NATURE OF NOTICE,			그는 사용합니다
REPORT, OR OTHER DATA		15. ELEVATION	ONS (SHOW DF.	KDB, AND WD)
		6055' GL		
 -	BSEQUENT REPORT OF:		3033	
TEST WATER SHUT-OFF	L			
FRACTURE TREAT	∐ RECE	IVED	<u> </u>	- 골드 등의 된 :
REPAIR WELL			t results of multiple	き completion or zone
PULL OR ALTER CASING	\square MAY 23		e on Form 9–330.)	
MULTIPLE COMPLETE	<u> </u>		원봉류근	
CHANGE ZONES	☐ BUREAU OF LAND ☐ FARMINGTON RES	MANAGEMENT	भ क्षेत्रहा इस्टिक्ड	
(other) TD, casing		OUNCE AREA	5 ± 5 ± 5	
(out.or, 127) out.org			हुई वे हैं	
17. DESCRIBE PROPOSED OR COMPLET including estimated date of starting a measured and true vertical depths for	ny proposed work. If well is di	irectionally drill	ed, give subsurfa	ace locations and
TD 5/19/84 @ 5335' KB.				
Set 4.5", 10.5#/ft, J-55 cas	ing @ 5335' KB with	225 sx (27)	4.5 CH. ft.	i NaClass H
2% gel. 700 sx (1442 cu. ft	.) Class B 2% D-79,	50 sx (61	cu. ft.) Cl	ass H 2% gel
Circulated 20 Bbls.	•	•	10298672	
	 	73 R (A)		
		كا	- 21145 .	
	JUNU 7	1984		
	J01/4 Q 1			ရှိသော ရှိချ ^{ုံးရှိ}
	OIL CON	I. DIV.		
	OIL COL	ີ ຊ	TEBEL :	
Subsurface Safety Valve: Manu. and Type _	DIST		Set @	F
				· 5 · 5 · 5 · 5 · 5
18. I hereby gertify that the foregoing is tru	ie and correct			
SIGNED The Sul-	Operations M	anagerate	5/21 <i>/</i> 84	
(This space for Federal or State off		ACCEPTED FOR RECORD		
APPROVED BY	TITLE		OUEL IEW IVI	THEOUND.
CONDITIONS OF APPROVAL, IF ANY:		DATE _	i ai mi o o	1001 2 3
	NMOCG		= 10N: 0 6	IAQ4 =
	ı	FAKIMINGTOT KESOUT		
	*See instructions on Reverse S	iide BY	SMV	A .