

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 840, Farmington, New Mexico 8749

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FSL and 990' FWL

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	☐
PULL OR ALTER CASING	☐
MULTIPLE COMPLETE	☐
CHANGE ZONES	☐
ABANDON*	☐

--	--	--	--	--	--	--	--

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

DEC 31 1985

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Spud 12/26/85, 9:00 PM.

Ran 5 joints 8-5/8", 24 #/ft, J-55 surface casing. Set casing at 213' KB with 170 sx Class B 3% CaCl2 (207.4 cu. ft.).

Circulated 5 Bbls cement to surface.

Pressure tested casing to 600 PSI for 30 minutes. Held

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED John A. Adams TITLE Director

Operations Manager

DATE _____

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

NMOCC