UNITED STATES

OMILD SINIES		5. LEASE	
DEPARTMENT OF THE INTERIOR		14-20-603-2198	
GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
<u> </u>		Navajo Tribe	
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 reservoir. Use Form 9–331–C for such proposals.)		8. FARM OR LEASE NAME	
1. oil gas well other		Navajo H	
		9. WELL NO.	
2. NAME OF OPERATOR		16	
Merrion Oil & Gas Corporation		10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR		Undesignated W. Kuta PC	
P. O. Box 1017, Farmington, New Mexico 87401		11. SEC., T., R., M., OR BLK. AND SURVEY OF	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17		AREA	
below.)		Sec. 13, T29N, R14W	
AT SURFACE: 790 FIL and 1500 FSL		12. COUNTY OR PARISH 13. STATE	
AT TOP PROD INTERVAL.			ew 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	
	C'	5275' G.L.	NUO, AND WU
	T REPORT OF:		
TEST WATER SHUT-OFF	Řŧ	***	
FRACTURE TREAT			
SHOOT OR ACIDIZE REPAIR WELL NOTE: Papert results of multiple			
PULL OR ALTER CASING \(\begin{array}{cccccccccccccccccccccccccccccccccccc	1 35	(NOTE: Report results of multiple change on Form 9-330.)	completion or zone
MULTIPLE COMPLETE	ş	change on Formis=330.)	
CHANGE ZONES			
ABANDON*	· ·		
other)			
17 DESCRIPE PROPOSED OR COMPLETED OFFICE			
 DESCRIBE PROPOSED OR COMPLETED OPERA including estimated date of starting any propose 	ed work. If well is di	rectionally drilled give subsurfs	pertinent dates
measured and true vertical depths for all markers	s and zones pertinen	t to this work.)*	rocations and
5/5/82 Rig up Cementers Inc.	m:11 ·		
5 1	rill casing t	op to bottom w/35 sx	cement.
Bradenhead squeeze 10 s	ind casing.		
5/7/82 Erect cry hole marker.			
P	to a company of the c		
\$		All the growing of the second	
		Program Art &	
	J/Y 1 8 198	35 °	
and the control of th			
	9757. 3		
Subsurface Cafata Value M	- 3 to 3 . 😝	_	
Subsurface Safety Valve: Mariu. and Type		Set @	Ft
18. I hereby certify that the foregoing is true and corre	ect		
<i>i</i>		22622 5 /2 0 / 0 0	
SIGNED TITLE	operactions Mai	1ager _{DATE} 5/10/82	
42	for Federal or State offic		\/CD
		DATE APPRO	ントロ
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:		DATE NAME	NDED
		AS AMIL	, 1 1 1
plugging of the well bore.	MMOCO		
r bond is retained until	**************************************	JAN 15	1201

Approved as to Liability under surface restoration is completed.

*See Instructions on Reverse Side

JAN 15 1985 S/Janus E. Elwards fr. M. MILLENBACH (Idling AREA MANAGER