

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 1017, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1750' FNL and 790' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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☒

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

RECEIVED

MAR 08 1984

BUREAU OF LAND MANAGEMENT

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.)*

Spotted 25 sx plug from 5575 to 5290 to cover Gallup and 50 ft. above. (30 cu. ft.)
Perforated to holes @ 3580. Squeezed Mesaverde with 25 sx. 10 sx in casing. (30 cu. ft.)
Spotted 25 sx plug from 2225 - 1975' to cover Pictured Cliffs. (30 cu. ft.)
Circulated 40 sx across Ojo Alamo leaving 20 sx inside casing through holes @ 1670'. (47 cu. ft.)
Spotted 20 sx plug from 225' to surface. (23.6 cu. ft.)
Pumped 40 sx plug to seal off surface casing seat. (47 cu. ft.)
Erected dry hole marker.

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MAR 12 1984

Subsurface Safety Valve: Manu. and Type

OIL CON. DIV.
DIST. 3

Set @ _____ Ft.

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

SIGNED

TITLE Operations Manager

DATE

3/7/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: