form 9-331	Budget Buleau No. 42-81424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 080136
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 reservoir, Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
	Salazar G Com 22
1. oil gas other	9. WELL NO.
2 NAME OF OPERATOR Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME Devils Fork Gallup
3. ADDRESS OF OPERATOR	TO TO AL OR REVEAUND SURVEY OR
P. O. Box 1017, Farmington, New Mexico	0/ 1///
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, S.	Sec. 22, T25N, R6W
below.)	12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1810' FNL and 820' FWL AT TOP PROD. INTERVAL: Same	Rio Arriba New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE	OF NOTICE,
REPORT, OR OTHER DATA	CEPTAL CT
REQUEST FOR APPROVAL TO: SUBSEQUENT REP	
TEST WATER SHUT-OFF	ORT OF VED DECE V
FRACTURE TREAT	ECEIVE DE LE
SHOOT OR ACIDIZE	W. S. ARWING TO THE MARKET OF THE SURVEY HAND ON THE PROPERTY OF THE PARTY OF THE P
REPAIR WELL	Wilder on Form 9-330.)
PULL OR ALTER CASING UMULTIPLE COMPLETE	CICAL SURV
CHANGE ZONES	GEOLCA ON Manuscratter Color of the Marie Color of the Co
ABANDON TD, Casing, Temperature Survey	U. S. A.R.
(other) ID, Cashig, Taiperature burvey	45° 8188' 8
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS including estimated date of starting any proposed wor measured and true vertical depths for all markers and	(Clearly state all pertinent details, and give pertinent dates, k. If well is directionally drilled, give subsurface locations and zones pertinent to this work.)*
TD 6397' KB reached 3/18/83. Set 6408.67' of 4.5, 11.6 casing @ 639 H with 2% D-20. 700 sx (1442 cu. ft.)	6' with 225 sx (274.50 cu. ft.) Class Class B with 2% D-79.

100 sx Class H (244 cu. ft.) with 2% D-20.

Temperature survey run by Wilson Service found top of cement @ 400'. Survey attached.

Subsurface Safety Valve: Man	u. and Type	Set @ Ft.
18. I hereby certify that the fo	oregoing is true and correct Operations	Manager 3/22/83
	(This space for Federal or Sta	te office use)
APPROVED BY	ANY:	DATE - SPECIAL DESCRIP
constituent of		

*See Instructions on Reverse Side

MMOCC

