

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: 990' FNL and 990' FEL
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Surface casing, Spud

5. LEASE
SF 078874

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Canyon Largo Unit

8. FARM OR LEASE NAME
Canyon Largo Unit

9. WELL NO.
331

10. FIELD OR WILDCAT NAME
Devils Fork Galfap

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T24N, R6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6536' GL

RECEIVED (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 4:00 PM 3/20/84. Set 8-5/8", 24 #/ft surface casing (C-55) to 222' KB with 175 sx (361 cu. ft.) Class B cement with 2% CaCl₂. Circulated 2 Bbls to surface. Pressure test to 600 PSI, held 30 minutes. Held OK.

RECEIVED

MAR 28 1984

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Operations Manager DATE 3/21/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 27 1984

*See Instructions on Reverse Side

NM000

FARMINGTON RESOURCE AREA

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