

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: 1630' FSL & 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) Spud, Surface Casing

SUBSEQUENT REPORT OF:

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5. LEASE
SF 078874

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Canyon Largo Unit

9. WELL NO.

337

10. FIELD OR WILDCAT NAME

Devils Fork Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA

Sec. 5, T24N, R6W

12. COUNTY OR PARISH 13. STATE

Rio Arriba Co., New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6511' GL

(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 10/6/84.

Set 5 joints 8-5/8", 24 #/ft., J-55 Surface Casing @ 219' KB with 170 sx (350.2 cu. ft.) Class B 3% CaCl₂.

Circulate 4 Bbls cement to surface.

Pressure test to 600 PSI. Held OK.

RECEIVED

OCT 22 1984

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Operations Manager DATE 10/8/84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 19 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY

5mm

NM000