

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: 1910' FSL and 1670' 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:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

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.
338

10. FIELD OR WILDCAT NAME
Devils Fork Gallup

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

12. COUNTY OR PARISH
Rio Arriba Co.,

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6567' 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.)*

TD - 5860' KB, 7/19/84

Set 4.5", 10.5 #/ft. K-55 casing @ 5858' KB with 225 sx (274.5 cu. ft.) Class H cement with 2% gel, 700 sx (1442 cu. ft.) Class B cement with 2% D-79, 100 sx (122 cu. ft.) Class H cement with 2% D-20.

Wilson Service ran Temperature Survey. Top of cement 775' KB.

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 7/23/84 **ACCEPTED FOR RECORD**

(This space for Federal or State office use)

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

FARMINGTON RESOURCE AREA

RY SMV

WMOG

*See Instructions on Reverse Side