Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE
NM 47167

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Wild Hare

1. oil well [X]   gas well [ ]   other

9. WELL NO.
1

2. NAME OF OPERATOR
Merrion Oil & Gas Corporation

10. FIELD OR WILDCAT NAME
Dufers Point Gallup Dakota

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T24N, R8W

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 970' FNL and 970' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

12. COUNTY OR PARISH	13. STATE
San Juan	New Mexico

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7176' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

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SEP 06 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(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 8/8/84, 7175' KB.

Set 175 joints 4.5", 10.5 #/ft, J-55 casing to 7165' KB with 450 sx Class H (607.5 cu. ft.) 2% gel. 1200 sx Class B (2472 cu. ft.) 2% Thrifty Lite. 100 sx Class H (122 cu. ft.) 2% gel.
Circulated 25 Bbls cement to surface.

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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 _____ TITLE Operations Manager DATE 9/5/84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 24 1984

FARMINGTON RESOURCE AREA
BY _____ Smm

*See Instructions on Reverse Side

NMOCD