

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 840, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2270' FNL and 790' 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) Spud, Surface Casing

SUBSEQUENT REPORT OF:

RECEIVED

SEP 12 1985

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 9/7/85, 1:15 PM

Ran 5 joints 8-5/8", 24 #/ft, J-55 surface casing. Set casing at 220' KB with 175 sz (206.5 cu. ft.) Class B, 3% CaCl₂. Circulated 3 Bbls to surface.

Pressure tested casing to 600 PSI for 30 minutes. Held.

RECEIVED

SEP 18 1985

OIL CON. DIV.
DIST. 3

Set @ 3 Ft.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE Operations Manager

DATE 9/10/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 014580A
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 840, Farmington, New Mexico 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with all State requirements. See also space 17 below.) At surface 2270' FNL and 790' FEL	8. FARM OR LEASE NAME Federal A
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT Dufers Point Gallup Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T24N, R8W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether on or below ground) 6992' GL	13. STATE New Mexico

RECEIVED

SEP 18 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> TD, Production Casing	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 9/11/85, 5986' KB.

Ran 4-1/2", 10.5 #/ft, J-55 production casing. Casing set at 5985' KB with 200 sx Class H, 2% gel (244 cu. ft.). 700 sx Class B, 2% Chemical Extender (1442 cu. ft.) followed by 175 sx Class H, 2% gel (213.5 cu. ft.). (2 stage job.) Circulated 19 Bbls cement to surface.

RECEIVED

SEP 23 1985

OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct	
SIGNED 	TITLE Operations Manager
DATE 9/16/85	
(This space for Federal or State office use)	
APPROVED BY	TITLE
CONDITIONS OF APPROVAL, IF ANY:	

ACCEPTED FOR RECORD

DATE

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY