

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: 1650' 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) TD, Casing

SUBSEQUENT REPORT OF

RECEIVED
JUL 25 1983
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

5. LEASE
Cont. 430
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla 430
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
Undes. Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T23N, R5W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6821' GL

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 6710' KB 7/23/83

- Set 159 joints 4-1/2", 10.5 #/ft. CST casing @ 6710' KB with 525 sx Class H (724.5 cu. ft.), 300 sx Class B (618 cu. ft.), 100 sx (122 cu. ft.), 400 sx Class B (824 cu. ft.), 100 sx Class H (122 cu. ft.).

Wilson service ran temperature survey - top of cement @ 650' KB.
Pressure tested to 2500 PSI. Held good.

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 7/26/83

(This space for Federal or State office use)

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

COPIED FOR RECORD

*See Instructions on Reverse Side

MMOCC

AUG 01 1983

[Signature]