## UNITED STATES

5.	LEASE
N	M 25816
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME

DEPARTMENT OF THE INTERIOR	NM 25816
GEOLOGICAL SURVEY	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
1 oil gos	8. FARM OR LEASE NAME Silky Sullivan
well well well other	9. WELL NO.
2. NAME OF OPERATOR  Merrion Oil & Gas Corporation	10, FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	WC Chacra
P. O. Box 840, Farmington, New Mexico 87499  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T21N, R7W
AT SURFACE: 1670' FNL and 2290' FWL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	12. COUNTY OR PARISH 13. STATE New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6776' KB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	(NOTE: Report results rimultiple completion or zone change on Form 9930.)
CHANGE ZONES	AUG 0 9 1985
ABANDON*	7 1985 OIL CON. DIV.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	DIST. 3 e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and t to this work.)*
Contacted Earl Beecher on 8/2/85 for insutruction and run casing to 900' KB. Was advised to contact plug.  Ran open hole logs and decided to run casing the Tried twice to contact Mr. Beecher. Gave messes and the company plug against Cliff.	ver top of Cliffhouse Formation with
spotted cement plug across Cliffhouse Formation 4-1/2" casing to 1430' KB.	on top , 1850' KB to 1950' KB.
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the loregoing is true and correct	
SIGNED TITLE Operations Man	ager <sub>DATE</sub> 8/5/85
(This space for Federal or State offic	
CONDITIONS OF APPROVAL, IF ANY:	DATE