

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
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2020' FNL and 970' FWL
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) Spud, surface casing

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □ □

RECEIVED

OCT 05 1982

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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 10/3/82. Set 209' of 8-5/8" surface casing @ 222' KB w/170
sx cement.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED John D. TITLE Operations Manager DATE 10/4/82

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 07 1982

FARMINGTON DISTRICT

MILGTON
SM

***See Instructions on Reverse Side**

NMOCC