

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 ☒ gas ☐  
well 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: 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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT ☐

(other) TD, Casing, Temperature Survey

RECEIVED  
NOV 08 1982  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
NM015014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
McKenzie Federal

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Otero Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25, T25N, R6W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6382' GL

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.)\*

<sup>4</sup>  
TD 6320' KB on 10/12/82.

Ran 6352.52' of 4-1/2", 11.6 #/ft casing set @ 6324' KB with

225 sx Class H Cement w/2% gel (274.50 cu. ft.)

700 sx Class B 2% Chemical Extender (1442 cu. ft.)

100 sx Class H 2% D-20 Gel. (122 cu. ft.)

Wilson Service Co. ran Temperature Survey. Found top of cement @ 1600'.

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 11/4/82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE 11/10/82 ACCEPTED FOR RECORD

MOCC

NOV 10 1982

\*See Instructions on Reverse Side

FARMINGTON  
BY SM