Form 9–331
Dec. 1973

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 purposes.)

1. oil well [X]   gas well [ ]   other

2. NAME OF OPERATOR

Merrion Oil & Gas Corporation

3. ADDRESS OF OPERATOR

P. O. Box 1017, Farmington, NM   87499

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

AT SURFACE: 1810' FNL and 830' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: 6175'

5. LEASE

SF-080136

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Salazar G Com 22

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 22, T25N, R6W

12. COUNTY OR PARISH   13. STATE

Rio Arriba | New Mexico

14. API NO.

30-039-23092

15. ELEVATIONS (SHOW DF, KDB, AND WD)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]		[ ]
FRACTURE TREAT	[ ]		[ ]
SHOOT OR ACIDIZE	[ ]		[ ]
REPAIR WELL	[ ]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[ ]

RECEIVED

SEP 19 1983

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(other) extend APD for 6 months

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.)*

Please extend APD for 6 months.

extended to 4/15/84

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

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

SIGNED _____ TITLE Operations Manager DATE September 16, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC