UNITED STATES DEPARTMENT OF THE INTERIOR

E LEASE SF 080136

•	IE INDIAN	ALLOTTEE OF TRIPE NAM

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	0.5124.021.5405.4445
	8. FARM OR LEASE NAME Salazar G 22. Take
1. oil gas other	9. WELL NO. 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2. NAME OF OPERATOR	1 (1)
Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Undesignated Mesaverde
P.O. Box 1017, Farmington, New Mexico 37499	11. SEC., T., R., M., OR BLK. AND SURVEY OF
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	Sec. 22, T25N, R6W
AT SURFACE: 1650' FSL and 925' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: same	Rio Arriba - New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW_DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6640' KB
TEST WATER SHUT-OFF	giùga − u −
FRACTURE TREAT	
SHOOT OR ACIDIZE	PFCFINER
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion of zdag
MULTIPLE COMPLETE	5 - EUN 0 8 1984
CHANGE ZONES	
AEANDON* (other) Intent to complete MesaVerde	BUREAUTÓFILANU MANAGEMEN TARMINGTON RESOLURGE ARE
(other) Intell to complete mesaverue	and the second of the second o
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
We have completed the Gallup and MesaVerde	general in the above well who
Gallup zone tested 8 Bbls of oil/day and 27	
tested 24 Bbls of oil/day and 75 MCF/day wir	
are currently installing a pumping unit to	
make application for administrative approva	
two oil zones.	
JUN 15	1954 - 기 시원호하 현 중국 전문
	N DIV 그런 연수 하고 수무하다.
Subsurface Safety Valve: Manu. and Type	3Set @Ft
18. Thereby, certify that the/foregoing is true and correct	
Operations May	nager 6/6/84
SIGNED	DATE 0/0/04
(This space for Federal or State offi	ce use)
APPROVED BY TITLE	DATE
CONCITIONS OF APPROVAL IF ANY:	POR RELUK

*See Instructions on Reverse Side

JUN 1 1984

FARMINGTON RESOURCE AREA