

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 ~~well~~ <sup>proposals</sup>.)

1. oil ☒ well ☐ gas well ☐ other ☐  
2. NAME OF OPERATOR  
Merriam 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: 2000' FNL and 820' 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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Spud and surface casing <input type="checkbox"/>	<input type="checkbox"/>

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 9/17/83.  
Set 201 ft. of 8-5/8" tubing @ 213' KB with 175 sx (361 cu. ft.) Class B 2% CaCl.  
Circulated 3 Bbls to surface.  
Pressure test tubing to 600 PSI. Held good.

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 9/19/83

(This space for Federal or State office use)

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

5. LEASE SF 078874	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME Canyon Largo Unit	
8. FARM OR LEASE NAME Canyon Largo Unit	
9. WELL NO. 328	
10. FIELD OR WILDCAT NAME Devils Fork Gallup	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T24N, R6W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	

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

OIL CON. DIV.  
DIST. 3

ACCEPTED FOR RECORD

SEP 21 1983

FARMINGTON RESOURCE AREA  
RV ESB

\*See Instructions on Reverse Side

AMOC