UNITED STATES

DEPARTMENT OF THE INTERIOR	SF 078922		±	19 5 5 - 5 5
GEOLOGICAL SURVEY	6. IF INDIAN	, ALLOTTEE OF	TRIBE	NAME
SUNDRY NOTICES AND REPORTS ON WELLS		EEMENT NAM	<u></u>	5 9.5 2.3 8
(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.)	Canyon Lar	LEASE NAME		
	Canyon. Lar		::. -::	7. f
1. oil gas well other	9. WELL NO.	 		
2. NAME OF OPERATOR	333	(출승 = 대	<u> </u>	교리생 <u>- =</u>
Merrion Oil & Gas Corporation 3. ADDRESS OF OPERATOR	10. FIELD OR Devils For		Ε <u>.</u>	
P. O. Box 1017, Farmington, New Mexico 87499	11. SEC., T.,	R., M., OR BLK	. AND SU	IRVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 1, T2	24N, R7W	5):it	
AT SURFACE: 2060' FNL and 990' FWL	12. COUNTY			
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH:	Rio Arriba	Co., N	ew Mex	ico
Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.			
REPORT, OR OTHER DATA	15. ELEVATIO	NS (SHOW D	KDB	AND WD)
	6795	GL	r, KDB, /	~ '-
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		575	- <u>-</u>	
TEST WATER SHUT-OFF FRACTURE TREAT T	D	ලිම් විස		
SHOOT OR ACIDIZE				5
TEST WATER SHUT-OFF	(NOTE: Report	results of multip	ile complet	ion of zone
PULL OR ALTER CASING MOR 01/984	CEMENT change	e on Form 9-330) = =	£\$. 2
CHANGE ZONES	E AREA	# <u> </u>	= 5	
ABANDON*	Ť.	5 E E E	基 差	ୁଷ୍ଠି ପୁ ମିନ୍ଦ
MULTIPLE COMPLETE MAR 0 1750 CHANGE ZONES MAR 0 1750 ABANDON* MAR 0 1750 MAR 0 17	,	<u> </u>	- -	- =
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen 	e all pertinent d irectionally drille	ed, give subsur	e pertine face loca	ent dates, itions and
			- 3	함호를 기교 5
		= " = = = =		
Spud 2/22/84. Set 8-5/8", 24 #/ft. surface casing @ 306' KB	with 200 es	o Clases #	(412	cut +f+
3% CaCl.				
Giranlahad 2 phla samant to gumfaga				
Pressure tested to 600 - held good DECEIVE				
	<u> </u>			
MAR 0 5	5 1984		الله الله الله الله الله الله الله الله	
		一定でなった。 カスタの表		
OIL CON	4. DIV.			
DIST	г. З	新史養治 ²		
		îsa @		
Subsurface Safety Valve: Manu. and Type	· · · · · · · · · · · · · · · · · · ·	SET @	- 5	10 A 10 A
18. I hereby certify that the foregoing is true and correct				2 3 3 3
SIGNED TITLE Operations Ma	nager _{DATE}	2/28/84:		
(This space for Federal or State offi	ice use)	MEFFER	FOR R	FRAN
APPROVED BY TITLE	DATE _	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**************************************
CONDITIONS OF APPROVAL, IF ANY:		· MIR	0213	
		FARTS I	7	· · · · · · · · · · · · · · · · · · ·
*See Instructions on Reverse S		TARRESTOR RESUMPTION AKEA		
*See Instructions on Reverse S	Side	R4	/· ▼	