

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 well gas 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: 790' FNL and 1740' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

5. LEASE
SF 079177

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Canyon Largo Unit

9. WELL NO.
336

10. FIELD OR WILDCAT NAME
Blanco Pictured Cliff South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T25N, R6W

12. COUNTY OR PARISH
Rio Arriba Co.

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6433' GL

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*

(other) Spud, surface casing.

RECEIVED
APR 19 1984

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 4/17/84 @ 3:00 PM.
Ran 3 joints 7", J-55, 23 #/ft. surface casing set @ 96' KB with 180 sx. (103 cu. ft.)
Class B cement. Circulated 3 Bbls to surface.
Pressure tested to 600 PSI, held 30 minutes.

RECEIVED
APR 23 1984
OIL CON. DIV.
DIST. 3

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 4/18/84

(This space for Federal or State office use)
ACCEPTED FOR RECORD
APR 20 1984

APPROVED BY _____ TITLE _____ DATE APR 20 1984
CONDITIONS OF APPROVAL, IF ANY:
BY [Signature]