## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON WELLS

	Budget Bureau No. 42-K1424
	5. LEASE SF 079177
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
ŧ	7. UNIT AGREEMENT NAME Canyon Largo Unit
	8. FARM OR LEASE NAME Canyon Largo Unit
	9. WELL NO. 336
_	10. FIELD OR WILDCAT NAME THE Blanco Pictured Cliff South
_	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T25N, R6W
	12. COUNTY OR PARISH 13. STATE Rio Arriba Co. New Mexico
_	14. API NO.
	15. ELEVATIONS (SHOW_DF, KDB, AND WD) 6433' GL
	OB OF CHARGE CONTRACT

(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 gas well 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 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) ેર PULL OR ALTER CASING cital jurito ΔPR 2 7 1984 COPPER MULTIPLE COMPLETE nodel **CHANGE ZONES** BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA ABANDON\* TD, Casing (other) 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.)\* A py' CL of particular sections of the particula de lo zh esh vel jehue d fist no re TD 2571' KB, 4/21/84 Set 2-7/8" casing @ 2562' KB with 365 sx (430 cu. ft.) Class Hardent Wilson Service ran Temperature Survey. Top of cement 825'. Subsurface Safety Valve: Manu. and Type ر<del>داد</del>. تا 18. I hereby certify that the foregoing is true and correct Operations Manager 4/24/84 SIGNED \_ (This space for Federal or State office use) \_ TITLE . DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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