## UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE
SF 080136
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

DEPARTMENT OF THE INTERIOR	2L 080130		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil gas other	Fikes Com		
2. NAME OF OPERATOR	9. WELL NO. 2		
Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Devils Fork Gallup		
P. O. Box 1017, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OF		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 27, T25N, R6W		
AT SURFACE: 2110' FNL and 1650' FWL	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 6353' G.L.		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0333 С.Б.		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Set 4-1/2" casing.  T. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state)	(NOTE) Report results of multiple completion or zon change on Form 9–330.)  EVEY 1.		
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface locations an		
Set 4-1/2", 11.6 #/ft casing @ 6330' KB in to	wo stages.		
Stage 1 - 300 sx Class H, 366 cu. ft., we ge	1.		
Stage 2 - 700 sx Class B, 1442 cu. ft., 2% 100 sx Class H, 122 cu. ft., 2% ge	chemical extender		
100 SA CIASS H, 122 Cu. 1C., 28 ge	JUL 26 1982		
Subsurface Safety Valve: Manu. and Type	Set @ F		
30 I have by positify that the foregoing in tage and convert			

Subsurface Safety Valve: Manu. and Ty	pe		Set @ F
18. I hereby certify that the foregoing i	s true and correct		
SIGNED TITLE Operations Manager DATE		7/19/82	
			AGGEPTED FOR RECORD
•	(This space for Federal or State o	ffice use)	THE TELL TEST ON MEGGING
APPROVED BY	TITLE	DATE	1111 0 3 3000
CONDITIONS OF APPROVAL, IF ANY:	es sinten		JUL 23 1982

MADICC

FARMINGTON DISTRICT