

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 970' FNL and 970' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF-080136

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Salazar G 27

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Devils Fork *Salazar*

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Section 27, T25N, R6W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-039-23095

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 and surface casing

RECEIVED
JAN 20 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

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 7:30pm 1/18/84.
Set 302 ft. of 8-5/8" 24#/ft. casing at 315' KB with 200 sx of Class "B"
3% CaCl₂.
Circulated 3 Bbls to surface.
Pressure test casing to 600 PSI. Held good.

RECEIVED
JAN 27 1984
OIL CON. DIV.
DIST. 8

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED *John A. ...* TITLE Operations Manager DATE 01/19/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

JAN 26 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY *Sm*

NMOCC