

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 1808' FSL and 1850' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- |                      |                          |
|----------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> |

(other) Change of Operator

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

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BUCKINGHAM PARK MANAGEMENT  
- BUCKINGHAM PARK - POE 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.)<sup>2</sup>

Please change Operator from El Paso Natural Gas Company to Merrion Oil & Gas Corp.

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NOV 09 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 John A. [Signature] TITLE Operations Manager DATE 11/1/80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE NOV 08 1984

FARMINGTON RESOURCE

•See Instructions on Reverse Side

**NMOCC**