Form	Approved.	
Budge	it Bureau N	lo. 42-R1424

UNITED STATES	5. LEASE MM 54982
DEPARTMENT OF THE INTERIOR	
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	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 1017, Farmington, New Mexico 87499	Dufers Point, Gallup, Dakota (2), 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 6, T25N, R8W
AT SURFACE: 1750' FSL and 820' FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE - New Mexico
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 설흥 설 스 스 스 스 스 스 스 스 스 스 스 스 스 스 스 스 스
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW_DF, KDB, AND WD) 6386' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL T	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-33007
MULTIPLE COMPLETE CHANGE ZONES	
ABANDON*ID, Casing	් කුටුරිලිගැලින් වේ. ආපතුරිලි දින්විදින් වේ. ගෙන්නේක්ක්රෙන්නේම්වේන්නේ වෙන්න්
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d	irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)*
TD 6613' KB - 5/27/84.	
Set 4.5, J-55, 10.5, Range 3 casing @ 6613' KB 2% D-20. 900 sx Class B (2034 cu. ft.) with 29	with 400 sx Class H (488 cu. ft.) With b D-79. 100 sx Class H (122 cu. ft.)
with 2% D-20. Wilson Service ran Temperature Survey: Top of	cement 175' KB
WITSON Service ran Temperature Survey: Top Or	
	.g 81984 - 사람들은 클릭 (고. *
70%	
Subsurface Safety Valve: Manua and Type	Set @
Subsurface Safety Valve: Manu. and Type	Distr.
18. I hereby certify that the foregoing is true and correct SIGNED Operations M.	anager _{bate} 5/29/84
(This space for Federal or State off	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD
	JUN 27 1984
*See Instructions on Reverse	

FAKININGTUN KESUUKUE AREA

NWOCC