

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.5. LEASE DESIGNATION AND SERIAL NO.
SF 080238A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chaco

9. WELL NO.

9R

10. FIELD AND POOL, OR WILDCAT

WAW Fruitland/PC

11. SEC. T. R. M., OR BLOCK AND SURVEY
OR AREA

Sec. 6, T26N, R12W

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Dry Hole

2. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REVR. ☐ Other

3. NAME OF OPERATOR

Merrion Oil & Gas Corporation

4. ADDRESS OF OPERATOR

P. O. Box 1017, Farmington, New Mexico 87499

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1750' FNL and 1010' FWL

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO. DATE ISSUED
SURFACE LAND MANAGEMENT
PARCEL LITIGATION RESOURCE AREA

15. DATE SPUDDED

2/10/83

16. DATE T.D. REACHED

2/15/83

17. DATE COMPL. (Ready to prod.)

Dry Hole

18. ELEVATIONS (DF, RKB, RT, CR, ETC.)*

5955' GL

19. ELEV. CASINGHEAD

5955' GL

20. TOTAL DEPTH, MD & TVD

1265'

21. PLUG, BACK T.D., MD & TVD

1233'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0 - TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1072 - 1089' - Fruitland

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

N/A

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	MOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	23 #/ft	41' GL	9-3/4	20 sx (23.6)	
2-7/8"	6.5 #/ft.	1265' GL	5-1/8	110 sx (192.50 cu. ft.)	
				10 sx (11.80 cu. ft.)	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

1072, 1073, 1074, 1075, 1076, 1081,
1082, 1083, 1084, 1085, 1086, 1087,
1088, 1089, 14 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1072 - 1089' GL	500 Gal. 15% HCL

33. PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

DATE OF TEST HOURS TESTED CHOKER SIZE PROD'N. FOR TEST PERIOD OIL—BSL. GAS—MCF.

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BSL. GAS—MCF. WATER—BSL.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST OIL CON. DV.

DIST. 3

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Operations Manager

DATE 10/19/83

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations, and directional surveys, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 3b.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State, Federal, or Tribal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional top to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

[illegible]