UNITED STATES

Э.	LEASE	_
CF	080238A	
OT.	900230A	

ARTMENT OF THE INTERIOR	SF 080238A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE

DEPARTMENT OF THE INTERIOR	SF 080238A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
	# 1
(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.)	8. FARM OR LEASE NAME
1 ail	
1. oil gas well other	Morgan
	9. WELL NO.
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	
	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Gallegos Gallupo
P. O. Box 1017, Farmington, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 17
below.)	Sec. 31, T26N,-R12W
AT SURFACE: 500' FSL and 500' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	San Juan County New Mexico
Same	14. API NO. 구조를 등 수 있었다고
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW_DF, KDB, AND WD)
	5833' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0 1 2
TEST WATER SHUT-OFF	e de la companya de l
FRACTURE TREAT	다 하는 사람들은 사람들이 보고 있다. 그런 보고 다 보고 있다.
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING THE PULL OR ALTER CASING THE PULL OF	(MOTE: Report results of multiple completion or zone change on Form 9-330.)
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
CHANGE ZONES	
ABANDON*	ည်း မြော်မြော် <u>မြို့မြ</u> ော်မြင့် မြော်
(other) Rehabilitation completed Thambard To	
	<u> </u>
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dir 	all pertinent details, and give pertinent dates,
measured and true vertical depths for all markers and zones pertinent	to this work.)* 具身高度
	· 결혼실황 프랑크회
	এ সভিত্তি ভাৰত বিভাগ লৈছিল। এ সভিত্তি ভাৰত বিভাগ লৈছিল।
•	1 = 1 = 1 = 1 = 1
Reseeding and rehabilitation completed 7/18/84.	1996年 - 第二章 美国中国
	보고 있는 것이 되었다. 그 사람들은 사람들이 되었다. 그 것이 되었다.
	~ 2.00 $ m kg sph M_{\odot} cm^{-3}$
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
1	
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Operations Mana	ager 8/6784
	DOIE
(This space for Federal or State office	e use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NWOCC

AUG 16 1981 FARMINGIUM KESOUNGE AREA