

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FSL & 790 FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

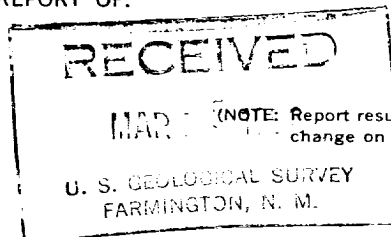
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Plug and Abandon

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒



5. LEASE
SF 078391 C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hugh Lake

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WAW Pictured Cliff

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 36, T27N, R21W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-22742

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5981 GL

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.)*

Pump 35 sx cement down casing. Filled casing from perforations to surface w/ cement. Bradenhead squeezed 15 sx cement. Filled annulus 180' to surface w/cement. Cut off casing 4' below ground level and capped. Levelled surface.

RECEIVED

JAN 07 1985

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 [Signature] TITLE Operations Manager DATE 3/12/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED
AS AMENDED

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

NMOCC

JAN 03 1985
L. J. Stan McKee
M. MILLENBACH
AREA MANAGER