

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.)

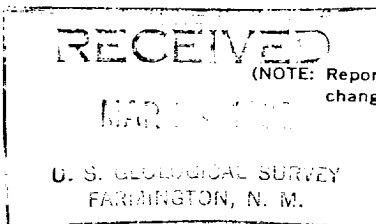
1. oil ☐ well gas ☒ well other
2. NAME OF OPERATOR
Merrion Oil & Gas Corporation
3. ADDRESS OF OPERATOR
P. O. Box 1017, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FSL and 1450 FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. 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
NM 33047
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hi Roll
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
WAW Fruitland Pic. Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T27N, R13W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-23035
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5998' 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. Cut off casing 4' below ground level and capped. Levelled surface.

Location to be rehabilitated when well No. 1-R Hi Roll is plugged and abandoned.

Subsurface Safety Valve: Manu. and Type

Set @ 2 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 _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC