5. LEASE

NOO-C-14-20-7473

UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY	£ IFINDIAN ALLES
GLOCOGIONE SURVET	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Allotted
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.)	7. UNIT AGREEMENT NAME
Total Total 3-032-0 for Such proposals.)	8. FARM OR LEASE NAME
1. oil gas other Dry Hole	Charley
	9. WELL NO.
2. NAME OF OPERATOR	1
Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	WAW Fruitland Pictured Cliffs
P. O. Box 1017, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA ·
below.)	Sec. 21, T27N, R13W
AT SURFACE: 790 FSL & 1850 FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEDTU	San Juan New Mexico
Salle	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECUECT FOR ADDRESS TO	6055' G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	EWED
BEPAIR WELL	a 3.463a
PULL OR ALTER CASING JUN	2 NOTE Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
OTATOL ZOILES	OUTONG DAG STREET GEORG NEW
ADAMPON	nare and house of the contract
(other)	*
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertinent	rectionally drilled, give subsurface locations and to this work.)*
Plugged as follows: Rig up Cementers Inc. I Wellbore full of cement	Pump in 40 sx neat cement. top to bottom.
Casing cut off 4' below surface.	
Casing cut of	+ 4 below surtace.
	1. 1. 1. 1.
No Dry Hole-ma	rker installed.
	· And Andrews
Žarty. Narodnosti	Sales and
	JAM 1 8 1985
مائتي	74
Subsurface Safety Valve: Manu. and Type	11. CON. DIV. ————————————————————————————————————
18. I hereby certify that the foregoing is true and correct Operations Mar	
SIGNED A TITLE Operations Manager 6/25/82	
(This space for Federal or State office use)	
	APPROVED
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE AS AMENDED
the state of the s	
to plugging of the well bore.	JAN 03 1985

Approved as Liability und surface restoration is completed.