Form 9-331 Dec. 1973	Form Approved.
UNITED STATES	Budget Bureau No. 42-R1424
DEPARTMENT OF THE INTERIOR	5. LEASÉ NOO-C-14-20-7471
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Allotted
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to dill or to decree as at a to a second	The state of the s
reservoir, Use form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🔀 other	Pete
Well Well Other	9. WELL NO.
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	1
	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 1541, Farmington, New Mexico 87499	So. Gallegos Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1740' FSL and 820' FEL	Sec. 35, T27N, Rl2W
AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 TEVATIONS (SUSAN
	15 ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	` \
SHOOT OR ACIDIZE	(NOTE-Report results of multiple completion or zone SUR change on Form 9-330.)
REPAIR WELL	(NOTE Report results of multiple completion as an and
PULL OR ALTER CASING	SURVEY change on Form 9-330.)
MULTIPLE COMPLETE CHANGE ZONES GEOLOGIC	W. W.
ABANDON* IXI U. S. ARMINO.	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di	factionally deillad aire autorides a lessaria estate
measured and true vertical depths for all markers and zones pertinent	t to this work.)*
Propose to plug Pete No. 1 due to lack of commerci	ial quantities of natural
gas. Will pull 2-3/8" tubing string and fill prod	duction casing from TD
to surface with 99 sx (117 cu. ft.) cement. Will	cut off casing 4' below
ground level and drill replacement well on same pareclamation will be done	id. Therefore, no surface
reclamation will be done. Install regulation PAA A	Markeen upon completion of
eria concernation	
	- [1]
	en e
	afficial in the state of the st
Subsurface Safety Valve: Manu. and Type	Set & Ft.
18. I hereby certify that the foregoing is true and correct	
TITLE Operations Man	nager 1/3/82
(This space for Federal or State offic	
ONDITIONS OF APPROVAL IF ANY:	DATE
AS AMENDED	

UNITED STATES

NOO-C-14	-20-7471	12.	
6. JF INDIA	N, ALLOTTEE OR	TRIB	E NAME,
	٠ - ٠		1 11 5

DEPARTMENT OF THE INTERIOR	NOO-C714-20-7471
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME,
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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. oil C gas G	Pete
well well other	9. WELL NO.
2. NAME OF OPERATOR Merrion Oil & Gas Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 1017, Farmington, New Mexico 87499	So. Gallegos Fruitland 11. SEC., T., R., M., OR, BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	ADEA けいじは 法 奥田休息
below.)	Sec. 35, T27N - 122W 2 3 3 2 2 3
AT SURFACE: 1740' FSL and 820' FEL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO. 글라드 등 글 플립 :
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	AF FIGURE (CHOW DE MOD AND WO
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	1 2932 GIT 4 V
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	VED 1
SHOOT OR ACIDIZE REPAIR WELL RECEI	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330)
MULTIPLE COMPLETE	
	TUDUST A
ABANDON* LX (other) U. S. GEOLOGIC FARMINGTO	AL SURVEY
17 DESCRIPE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinel	it to this work.)
Pumped 110 sx (118 cu. ft.) cement filling casir	ng top to bottom. Squeezed 10
sx into formation. Dry hole marker erected.	
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* 1	·····································
	그 마음 시작에 되는 사람이 되었다. 그 사람이 되었다. 그 그 것이다. 그렇게 하는 사람들이 되었다. 전투 사람들이 되었다. 되었다.
	OLOUN GIVE SEED OF
	ညည္ကု ရွန္နားမိုင္ခ်ိဳင္ေရးမ်ား ရွန္နားမွာ
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct	가 그 이 있는 사람들은 수 형 기름 건강 상대 전 등 기름 기름
SIGNED Operations Ma	anager 6/21/83-

(This space for Federal or State office use)

*See Instructions on Reverse Side

NMOC**C**

/JAMES F. SIMS

DISTRICT O'L & GAS SUPERVISOR