

## 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 1541, Farmington, New Mexico 87499
- 
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1740' FSL and 820' FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

SUBSEQUENT REPORTS

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	


REPORT OF  
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1983

JAN 3 (NOTE  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE  
NOO-C-14-20-7471
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Allotted
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Pete
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
So. Gallegos Fruitland
11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
Sec. 35, T27N, R12W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
Elev 151

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.)\*

Propose to plug Pete No. 1 due to lack of commercial quantities of natural gas. Will pull 2-3/8" tubing string and fill production 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 pad. Therefore, no surface reclamation will be done. *Install regulation P&A Marker upon completion of replacement well.*

Subsurface Safety Valve: Manu. and Type CH 11 Set 2 Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operations Manager DATE 1/3/82

(This space for Federal or State office use)

APPROVED BY: \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

AS AMENDED

\*See Instructions on Reverse Side

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1740' FSL and 820' 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) ☐

SUBSEQUENT REPORT OF:

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JUN 22 1983

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Pumped 110 sx (118 cu. ft.) cement filling casing top to bottom. Squeezed 10 sx into formation. Dry hole marker erected.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED James F. Sims TITLE Operations Manager

DATE 6/21/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

NMOCC

JUN 23 1983  
James F. Sims  
JAMES F. SIMS

DISTRICT OIL & GAS SUPERVISOR