

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 ☐ gas ☒ 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 870' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
-
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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 type="checkbox"/>
(other)	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

RECEIVED
MAR 01 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
MOTER, A
Re
ch

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

5. LEASE
N00-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.
1R
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)
5036' 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.)*

Foam fraced Fruitland with 70 Quality Foam.
9,000 Lbs 10/20 sand in formation.
Average Rate - 12 BPM.
Average Pressure 1600 PSI. No ISDP.
Total N₂ - 128,464 SCF.

Current operation: Testing.

P. **RECEIVED**
MAR 06 1984
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 2/28/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

ACCEPTED FOR RECORD

MAR 02 1945

NMCC

ADMINISTRATIVE RESOURCE AREA

BY

***See Instructions on Reverse Side**