

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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL and 1980' 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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☐
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☐
☐
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MAY 9 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
14-20-603-7106

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo Tract 12345

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
So. Waterflow Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 19, T29N, R15W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5123' CL

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.)*

Plugged as follows:

1. Place 15 sx (18 cu. ft.) plug from 4253 - 4100' to cover Gallup perms.
2. Shot off casing. Placed 29 sx (34 cu. ft.) plug 50 ft. inside of stub and 50 ft. above stub.
3. Pulled casing. Placed 43 sx plug (51 cu. ft.) from 950' to 800'.
4. Place 74 sx (88 cu. ft.) plug from 260' to surface.
5. Erected dry hole marker.
6. Will reclaim surface upon receipt of appropriate instructions.

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Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE Operations Manager DATE 5/5/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

NMOCC

APPROVED
AS AMENDED
JAN 15 1985
for
M. MILLENBACH
AREA MANAGER