

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
J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR
P.O. Box 507, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FNL & 1850 FWL
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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Run siphon string</u>	

5. LEASE
Contract 360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Ballard Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T22N, R3W

12. COUNTY OR PARISH
Sandoval

13. STATE
N.M.

14. API NO.
30-043-20029

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7169' GL

(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.)*

We request permission to run a 1", 1.7#, J-55, IJ, used, siphon string to the top of the Pictured Cliffs perms @ 2661' to improve production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Operator DATE October 15, 1980

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC