

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> to change depth proposed		5. LEASE DESIGNATION AND SERIAL NO. Contract 428
2. NAME OF OPERATOR J. Gregory Merrion and Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990 FNL and 1650 FWL		8. FARM OR LEASE NAME Jicarilla 428
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6883 ft. G.L.		10. FIELD AND POOL, OR WILDCAT Ballard Pic. Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T23N, R4W
		12. COUNTY OR PARISH Sandoval
		13. STATE N.M.

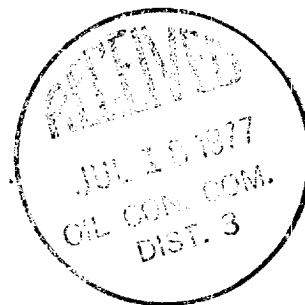
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)*

Well previously proposed to be Pictured Cliff test. Now propose to drill to 2700 ft. after original surface casing plan. Will test Chacra in addition to Pictured Cliff and if both productive will run 2-7/8", 6.5 lb./ft., J-55 casing and cement with 200 sax. If dual completion, will use 1" tubing and packer set at approximately 2550 ft. to isolate zones.

Surface disturbance will be unchanged from previous plan.



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

SIGNED Robert L. Bayless TITLE Co-Owner DATE July 8, 1977

(This space for Federal or State office use)

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

*See Instructions on Reverse Side