

**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 1541, Farmington, NM 87401**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **1650 FEL and 990 FSL**  
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) <b>Well Status</b>	<b>X</b>

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.)\*

**Waiting to do re-stimulation to repair wellbore damage incurred during fracture treatment.**

**RECEIVED**

NOV 6 1979

U. S. GEOLOGICAL SURVEY

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED *[Signature]* TITLE Co-Owner DATE November 7, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE <b>Contract 428</b>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla</b>
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <b>Jicarilla 428</b>
9. WELL NO. <b>9</b>
10. FIELD OR WILDCAT NAME <b>Ballard Pic. Cliffs</b>
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA <b>Sec. 30, T23N, R4W</b>
12. COUNTY OR PARISH STATE <b>Sandoval N.M.</b>
14. API NO. <b>30-043-20290</b>
15. ELEVATIONS (SHOW DEPTH OF KDB AND WD) <b>6873 ft. GL</b>

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