

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Contract 430	
2. NAME OF OPERATOR J. Gregory Merrion & Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR P.O. Box 507, Farmington, NM 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 1650 FSL and 940 FEL		8. FARM OR LEASE NAME Jicarilla 430	
14. PERMIT NO.		9. WELL NO. 1-Y	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6913		10. FIELD AND POOL, OR WILDCAT Ballard Pic. Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T23N, R5W	
		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:

<input type="checkbox"/> TEST WATER SHUT-OFF	<input type="checkbox"/> PULL OR ALTER CASING
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> MULTIPLE COMPLETE
<input type="checkbox"/> SHOOT OR ACIDIZE	<input type="checkbox"/> ABANDON*
<input type="checkbox"/> REPAIR WELL	<input type="checkbox"/> CHANGE PLANS
<input type="checkbox"/> (Other)	

SUBSEQUENT REPORT OF:

<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> REPAIRING WELL
<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/> ABANDONMENT*
<input type="checkbox"/> (Other) <u>Frac</u>	<input checked="" 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.)*

11-02-78 - Rig Up Western Co. Fraced well w/ 50,000 lb 10/20 sand and 842 Bbls slick water. Shut-in. Maximum injection pressure 1900 PSIG @ 21 BPM. ISPD 500 PSIG.

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

SIGNED

Steven L. Merrion

TITLE

Engineer

DATE

11-03-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side