November 7

_ DATE _

DATE __

5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	Contract 430
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla
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.)	7. UNIT AGREEMENT NAME
	I mêkî Bir jiyê
	8. FARM OR LEASE NAME
	8. FARM OR LEASE NAME 1 CARE STATE S
1. oil gas 🔀 other	9. WELL NO. \$ 5 5 4 5 5 5 5 5
	1-Y 900 0 0 00 00 00 00 00 00 00 00 00 00 0
2. NAME OF OPERATOR	
J. Gregory Merrion & Robert L. Bayless	1 n ee . n. u. de lee 275
3. ADDRESS OF OPERATOR	
P.O. Box 1541, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA EXTREMEDIATE OF EXTREMEDIATE AREA EXTR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	T 등하고 등 보기를 제
below.)	Sec. 25, T23N, R5W 5 5 6 6
AT SURFACE: 1650 FSL and 940 FEL AT TOP PROD. INTERVAL: same	12. COUNTY OR PARISH 13. STATE &
AT TOTAL DEPTH.	Dandoya1
Same	14. API NO. 2502 2 5828
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-043-20384
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6913 ft. GL
	ခြင့်ခြင်းသည်။ မရှိချိ
TEST WATER SHUT-OFF	# 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
SHOOT OR ACIDIZE	그 그 그 그 그 경우 중요 그 최고 한 경우 살이 그 그
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	그 그 그 그는 그 사실 사람이 그는 회의하는 그렇다.
CHANGE ZONES	
ABANDON* (other) Well Status	
(other) WELL SEALUS X	그 그 그 그 사람들은 그 후 경험으로 가입다.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.	irectionally drilled, give subsurface locations and
Waiting to do re-stimulation to repair well	llbore damage incurred during
fracture treatment.	
	원장실생원 - 첫 방향학과
	JEIVE L
	- Y
** 0 O	ROLOGICAL SURVEY FOLD BANGE FE COM
지수는 사람들이 되었다. 그 사람들은 사람들이 되었다. 그 사람들이 되었다	To national Color and the last the second se
Subsurface Safety Valve: Manu. and Type	Set @\ Ft.

*See Instructions on Reverse Side

__ TITLE _

Co-Owner

(This space for Federal or State office use)

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

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SIGNED