5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	Contract 360 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
GEOLOGICAL SURVEY		
dededione don't	Jicarilla Tribe	
SLINDRY 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	
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	
1. oil gas X other	Bonanza	
Well Well Other	9. WELL NO.	
2. NAME OF OPERATOR	2	
J. Gregory Merrion & Robert L. Bayless	10. FIELD OR WILDCAT NAME	
3. ACDRESS OF OPERATOR	Chacon Dakota	
P. O. Box 507, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LCCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 be ow.)	Section 1, T22N, R3W	
AT SURFACE: 1850' FSL & 790' FWL	12. COUNTY OR PARISH	
AT TOP PROD. INTERVAL:		New Mexico
AT TOTAL DEPTH:	Sandoval 14. API NO.	New Hexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	*** /// // // // // // // // // // // //	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW	DE KOR AND WO
	7214 GL	The state of the s
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	1641 00	
TEST VATER SHUT-OFF U		
FRACT JRE TREAT	*	
REPAIR WELL	(NOTE: Report results of m	ultiple completion or zone
PULL OR ALTER CASING [change on Form 9-	
MULTIPLE COMPLETE	V	
CHANGE ZONES	The state of the s	
(other) Change Plans		The state of the s
		the of the state o
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent. 3 stage cement job originally planned and appearing. Now plan to 2 stage as follows:	irectionally drilled, give sub t to this work.)*	surface locations and
casing. Now plan of a series		
1st stage - 400 sx class H 2% gel	(540 cf slurry)	
2nd stage - from base of Point Loo	kout at approximat	ely 4900 ft.
		y)
50 sx class B w/ 2% g	el `	
and the second of the second o		
Subsu face Safety Valve: Manu. and Type	Set	@ Ft
i// \^		
18. It ereby certify that the foregoing is true and correct		
SIGNEC / Sleggy Nerson TITLE CO-Owner	DATENovember	11, 1980
(This space for Federal or State off	ce use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	

*See Instructions on Reverse Side