

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK		NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE	X	NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE		NOTICE OF INTENTION (OTHER)		NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

.....Farmington, New Mexico.....
(Place) (Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the.....

.....J. Gregory Merriam & Assoc. NCRA-State Well No. 1 in E
(Company or Operator) Lease (Unit)
.....SW 1/4 NW 1/4 of Sec. 16, T. 24N, R. 6W, NMPM., Devils Fork (Gallup) Pool
(40-acre Subdivision)
.....Rio Arriba County.

FULL DETAILS OF PROPOSED PLAN OF WORK
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

Well started making mud & water on May 6, 1964. On 5-25-64 moved in pulling unit. Pulled rods & tubing, ran gauge ring to PBD. Went in with tubing, retrievable bridge plug and packer, located leak at 2549' KB in stage collar.
Now propose to squeeze cement.



DEC 14 1964
Approved....., 19.....
Except as follows:

Approved
OIL CONSERVATION COMMISSION
By.....Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

J. Gregory Merriam
Company or Operator
By.....Gregory Merriam
Position.....Operator
Send Communications regarding well to:
Name.....
Address.....

STATE OF TEXAS		
DEPARTMENT OF TRANSPORTATION		
OFFICE OF THE COMMISSIONER		
COUNTY OF _____		
CITY OF _____		
STREET _____		
ZIP CODE _____		
VEHICLE IDENTIFICATION NUMBER _____		
VEHICLE MAKE _____		
VEHICLE MODEL _____		
VEHICLE YEAR _____		
TRANSPORTER	OIL	
	GAS	
PROMOTION OFFICE		
OPERATOR		