Form	
(May	1963)

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SERIAL N

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM 16464

GEOLOGICAL SURVEY							
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS		

rm for proposals to drill or to devuen or plug back to a different reservoir

Use "APPLICATION FOR PERMIT—" for such proposals.)	İ
OIL GAS X OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
J. Gregory Merrion and Robert L. Bayless	Crow Mesa
3. ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 507, Farmington, New Mexico 87401	2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	Ballard Picture Cliff
	11. SEC., T., R., M., OR BLK. AND

790 FSL and 1830 FWL

14. PERMIT NO.	15.	ELEVATIONS	(Show	whether	DF, RT, GR	, etc.)
		•	7237	ft.	GL	

34 Sec. -24, T25N, R8W

12. COUNTY OR PARISH | 13. STATE San Juan N.M.

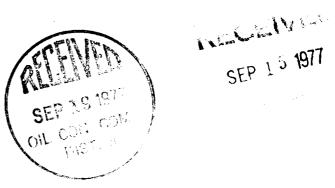
16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING Drilling ABANDONMENT* ARANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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.) *

09-14-77 Rig up Big "A" Well Service, Go Wireline, and Western Company. Ran Gamma-Ray Correlation log. Perforated 2554'-60' with 1 PF and 2575'-80' with 1 PF. Swabbed well down. Acidized with 500 gallons 7-1/2% HCL. ISDP 500 PSIG. Swabbed load back. Slight blow of gas with no water entry indicated. Preparing to frac.



8. I hereby certify that the foregoing is true and correct SIGNED	TITLE _	Engineer	DATI	Sept. 14,	1977
(This space for Federal or State office use) APPROVED BY CONNETIONS OF APPROVAL, IF ANY.	TITLE _		DATE	g	