

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 16464	
2. NAME OF OPERATOR J. Gregory Merrion and Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 507, Farmington, New Mexico 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 790 FSL and 1830 FWL		8. FARM OR LEASE NAME Crow Mesa	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7237 ft. G.L.		10. FIELD AND POOL, OR WILDCAT Ballard Picture Cliff	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T25N, R8W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)*

9-23-77 Rig up Western Company & Newsco. Foam fraced well per design schedule attached. Treating pressure 2150 psig. ISDP = 1700 psig.

9-24-77 Flowing well back.

9-26-77 Making foam and estimated 5 MCF/day natural gas.



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

SIGNED Steven S. Luna TITLE Engineer DATE 9-27-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 29 1977

Merrion & Bayless

CROW MESA #2
Frac Job

ISDP = 500 (Use 550) Depth = 2550 BHTP = 1650 psi

Treating Rate 14 B/M - 4.2 liquid + 9.8 N₂
BN₂ = 600 = 1400 CF/bbl.

Surface Treating Pressure = 2520

Pictured Cliffs

	Foam Vol. Gal	bbl	Fluid Vol. Gal	bbl	N ₂ Vol. 1400 CF/bbl.	Sand Ratio Res-Blender	Cum. Sd. Pumped
Foam Pad	3000	72	900	21.6	30,240	---	---
1#/gal. 20/40	1000	24	300	7.2	10,080	1# - 3.33	1000
2#/gal. 20/40	17000	405	5100	121.5	170,100	2# - 6.66	35000
N ₂ Flush					12,000		
					222,420		

Total Fluid for Job = 150.3 bbls.
+ Tank Excess = $\frac{20}{170}$

Need 17 bbls. (714 gal.) Alcohol ---

Est. Cost:
Western Company - \$4000
N₂ - 2750
Alcohol - 665
\$7415