**Form 9-331**
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

# UNITED STATES
## DEPARTMENT OF THE INTERIOR
### GEOLOGICAL SURVEY

## 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.)

1. oil well [X]  gas well [ ]  other

2. NAME OF OPERATOR
   J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR
   P.O. Box 1541, Farmington, NM  87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE:  660' FNL and 1980' FEL
   AT TOP PROD. INTERVAL:  same
   AT TOTAL DEPTH:  same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
|---|---|---|
| TEST WATER SHUT-OFF | [ ] | [ ] |
| FRACTURE TREAT | [ ] | [ ] |
| SHOOT OR ACIDIZE | [ ] | [ ] |
| REPAIR WELL | [ ] | [ ] |
| PULL OR ALTER CASING | [ ] | [ ] |
| MULTIPLE COMPLETE | [ ] | [ ] |
| CHANGE ZONES | [ ] | [ ] |
| ABANDON* | [ ] | [ ] |

(other) Put back on production

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5. LEASE
   SF - 078897A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Western

9. WELL NO.
   5

10. FIELD OR WILDCAT NAME
    Gallegos Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Section 7, T26N, R11W

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6098 GL, 6108 DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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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.)*

Will install pumping unit and return well to pumping status

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE ____ Engineer ____ DATE __ November 14, 1978 __

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(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC