

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 ☐ gas ☒ well ☐ other

2. NAME OF OPERATOR

J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR

P. O. Box 507, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' FSL & 790' ~~FEET~~ **FWL**

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Commingle ☐

SUBSEQUENT REPORT OF:

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☐
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☐
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☐
☐
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☒

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

MAY 3 1981
OIL CON. COM.
DIST. 3

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.)*

12-22-80 Move in rig up Farmington Well Service. SDON.
12-23-80 Rig up Mo-Te. Pumped 4 bbls oil ahead. Dropped standing valve. Loaded tubing w/ 21 bbls oil. Pressured to 2500 PSIG, held. Sliding sleeve not open. Swab oil to tank. SDON.
01-12-81 Move in rig up Flint Engineering. Pulled 197 jts., 6165.48 ft. of 2-3/8" EUE tubing. Pulled 2 ft. 2-3/8" sub; 4 ft. 2-3/8" sub; 6 ft. 2-3/8" sub; 8 ft. 2-3/8" sub; 2 ft. Otis sleeve; 6 ft. Baker sub top of seal ass.; 1 ft. seating nipple. Ran all back in hole except 4 ft. 2-3/8" sub, and 2 ft. Otis sleeve, and seal assembly

ACCEPTED FOR RECORD

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

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

SIGNED [Signature] TITLE Engineering

DATE 3-16-81

(This space for Federal or State office use)

BY RB

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

DATE _____