

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 081101

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chartier

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Gallegos Gallup

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 4, T26N, R12W

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

J. Gregory Merrion and Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 507, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

790 FSL and 790 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5971 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Present Status ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

We have requested the meter run be reconnected as we expect to resume production in the near future. The well is experiencing loading up problems due to the higher line pressures presently found in the casing head gathering system in this area. We intend to swab this well when a rig comes available and restore to production.

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

SIGNED

*Steven L. Slum*

TITLE

Engineer

DATE

08-02-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: