

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 ☐ other ☒ Dry Hole  
2. NAME OF OPERATOR  
J. Gregory Merriam, Robert L. Bayless, Atom  
3. ADDRESS OF OPERATOR  
P.O. Box 1541, Farmington, NM 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790 FEL & 1850 FNL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

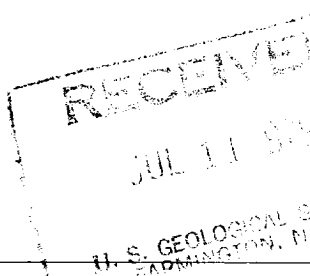
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

|                                       |                          |                          |
|---------------------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF                   | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT                        | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE                      | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL                           | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING                  | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE                     | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES                          | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*                              | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Surface Rehabilitation</u> |                          |                          |

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 propose to commence rehabilitation of the surface by July 20, 1979 pursuant U. S. G. S. letter dated July 5, 1979, and anticipate completion of rehabilitation work by August 31, 1979.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Shum L. Allen TITLE Engineer DATE July 9, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

nymoc