

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 ☐

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' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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5. LEASE
SF 080238 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Chaco

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
WAW Pictured Cliffs

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Section 1, T26N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.
30-045-2241

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5979

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

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.)*

Pull 1-1/4" tubing.
Plug back with sand and calseal to 1182.
Sand water frack perfs. 1165-69 & 1174-82 with
3500 gal. water and 2500# sand.
Swab in.
Rerun 1-1/4" tubing.

Subsurface Safety Valve: Manu. and Type

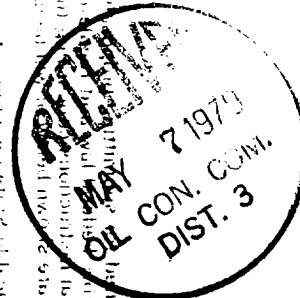
18. I hereby certify that the foregoing is true and correct

SIGNED J. Gregory Merrion TITLE Co-Owner DATE May 3, 1979

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



Handwritten signature/initials