

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
well well
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: 1800 FNL & 910 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: 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

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 fill casing with cement from 1150' to 900'; will set plug from 200' to surface. Will not attempt to pull casing. Junk in hole is not removable. Will erect dry hole marker and reclaim surface per BLM specifications.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Robert L. Bayless TITLE Operator DATE June 24, 1980

(This space for Federal or State office use)

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

APPROVED

JUN 30 1980
James F. Sims
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side

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.
9
10. FIELD OR WILDCAT NAME
WAW Fruitland/Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T26N, R12W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.
14. API NO.
30-045-22541
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5957' GL

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