UNITED STATES

DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	SF_080238A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to depon or this heal to a life	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas	_ Chaco
well well other Dry Hole	9. WELL NO
2. NAME OF OPERATOR	8
J. Gregory Merrion & Robert L. Bayless	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	NIIP Picture Cliffs
P.O. Box 1451 Farmington, NM 874991541	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA
Delow.)	Sec. 6, T26N, R12W
AT SURFACE: 790' FSL & 1850 FWL AT TOP PROD. INTERVAL: COMP.	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH. Salle	San Juan N.M.
salle	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	5970' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3.1
FRACTURE TREAT	
SHOOT OR ACIDIZE	and the second s
REPAIR WELL	WOTE: Boom to the
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
ABANDON* ⊠	•
(other)	
FARIANGTON N.	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di	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.)*	
, and and and and and anti-	. to this work.)+
Abandon by filling 2-7/8" production at the	
	to surface, with cement: cutting
off casing strings three (3) feet below surface and the area smoothed.	e. Pits will be filled and leveler
and the area smoothed.	Service Control of the Control of th
Tests indicated and product	
Tests indicated gas production non-commercial.	
	OCT 5 - 1981
	OIL CON. COM.
	DIST 3
Subsurface Safety Valve: Manu. and Type	
	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Engineer	Combanh
Jr Or willie ingilieer	DATE September 24, 1981
(This space for Federal or State office	e use)
APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE RAYMOND W. VINYARD	
CONDITIONS OF APPROVAL, IF ANY: ACTING DISTRICT SUPE	RVISOR DATE