Form 9–331 (May 1963)	U	NITED STATES	TEDIOD	SUBMIT IN TRIPLICATES (Other instructions on re	Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.		
	DEPARTMENT OF THE INTERIO			verse side)	SF 080238		
GEOLOGICAL SURVEY					6. IF INDIAN, ALLOTTER OR TRIBE NAME		
SUI (Do not use thi	NDRY NOTION OF THE PROPERTY OF	ES AND REPO	RTS ON or plug back to r such propose	WELLS o a different reservoir. is.)			
1.						SKAN THE	
OIL GAS X OTHER							
2. NAME OF OPERATOR						8. FARM OR LEASE NAME	
J. Gregory Merrion and Robert L. Bayless					Chico	9. WELL NO.	
P.O. Box 1541, Farmington, NM 87401					_	1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface						NIPP Pic. Cliffs	
840 FNL and 790 FWL						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
					0 7	796N D19U	
14 PERMIT NO 15. ELEVATIONS (Show whether DF, ET, GR, etc.)					Sec. 7, T26N, R12W		
14. PERMIT NO.		5990 G		an, eus.)	San Juan	1	
		1					
16.	Check Ap	propriate Box to Ind	icate Natu	re of Notice, Report, or			
NOTICE OF INTENTION TO:					QUENT REPORT OF:		
TEST WATER SHUT	-OFF P	ULL OR ALTER CASING	_	WATER SHUT-OFF		IRING WELL	
PRACTURE TREAT	M	ULTIPLE COMPLETE		FRACTURE TREATMENT		RING CASING	
SHOOT OR ACIDIZE	[ <del></del> ]	BANDON*	_	SHOOTING OR ACIDIZING LOGGING &	Perforatin	donment*	
REPAIR WELL	c	HANGE PLANS	-	(Nore: Report resul	ts of multiple comp	oletion on Well	
(Other)	OR GOLDEN PERR ORFI	Large (Clearly state al	nertineut de	Completion or Recontails, and give pertinent date and measured and true vert	e including estima	ted date of starting any	
12-31-77	Perfed 559-	-65', w/2 PF, r	o gas, n	Correlation Log from to water; 480-86' water. Shut in	w/2 PF, no	surface. gas, no	
01-02-78	Shut in pressure 100+ PSIG estimated. Natural gas. Blew down gas rate less than 2 MCF/day.						
01-06-78	01-06-78 Rig up L&B Speed Drill and Blue Jet. Perforated the following: 570-76' w/2 PF, 491-97' w/2 PF, 449-57' w/2 PF. Making slightly salty water and gas TSTM on swab test.						
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18. I hereby certify t	hat the foregoing	s tpde and correct					
SIGNED	twenter		rle Eng	ineer	DATE _	Jan. 17, 1978	
(This space for I	ederal or State off	ice use)			_		
APPROVED BY			TLE		DATE _	<u> </u>	
CONDITIONS OF	APPROVAL, IF				•	The state of the s	