

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.)

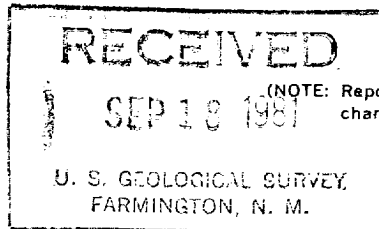
1. oil well ☐ gas well ☐ other ☐ Dry Hole
2. NAME OF OPERATOR
J. Gregory Merrion & Robert L. Bayless
3. ADDRESS OF OPERATOR
P.O. Box 1541, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FNL & 1850 FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | |
|--|-------------------------|
| 5. LEASE
SF-073897-A | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME
Western Federal | |
| 9. WELL NO.
8-Y | |
| 10. FIELD OR WILDCAT NAME
So. Gallegos Fruitland | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 18, T26N, R11W | |
| 12. COUNTY OR PARISH
San Juan | 13. STATE
New Mexico |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)
6096 G.L. | |

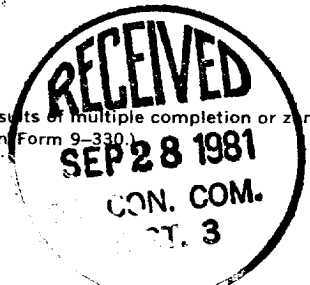
REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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



(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.) *

Request permission to plug & abandon for lack of commercial quantities of natural gas.

Propose to fill casing from bottom to top with cement. Estimated 40 sx.
Top of cement @ surface in Annulus. Will cut off wellhead 3' below ground level and reclaim surface per BLM specifications.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *John Stahl* TITLE Engineer DATE September 16, 1981

(This space for Federal ~~or~~ State office use)

APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE Deputy District Attorney DATE SEP 24 1967
CONDITIONS OF APPROVAL IF ANY: 2nd Commission

***See Instructions on Reverse Side**

NMCCG