## **UNITED STATES**

APPROVED BY \_\_\_\_\_\_\_CONDITIONS OF APPROVAL, IF ANY:

DEPARTMENT OF THE INTERIOR	<b>5.</b> LEASE SF-030384-B	/
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TR	IBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
(Do not use this form for proposals to drlll or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	24 to 20
1. oil gas M other	Hickman State 5	
2. NAME OF OPERATOR J. Gregory Merrion & Robert L. Bayless	7 質素質量 10. FIELD OR WILDCAT NAME	
3 ADDRESS OF OPERATOR	Wildcat F	ID CHOVEY OR
P.O. Box 1541, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AN	ND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 3, T26N, R12W	
AT SURFACE: 550 FNL & 790 FEL AT TOP PROD. INTERVAL: same	12. COUNTY OR PARISH 13. S	STATE 1
AT TOTAL DEPTH: same	14. API NO. 1947 E	<u> </u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<b>2</b> 43 4	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, )	(DB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5883 ft. GL 1 2	- <del>8 4 9 7</del>
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1 2 3 4
FRACTURE TREAT		<u> </u>
SHOOT OR ACIDIZE		ompletion or zone
REPAIR WELL U PULL OR ALTER CASING	(NOTE: Report results of multiple of change on Form 9-330.)	ompletion or zone
MULTIPLE COMPLETE	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
CHANGE ZONES		
ABANDON* (other) Amend 9-331C dated 06-05-79	그 물건물론 및	
(otto-)	<u> </u>	<u> </u>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	illectionally diffied, give substitute	pertinent dates, ce locations and
measured and true vertical depths for all measures	ា <u>ពិសាស្ត្រី</u> ស្ត្រីស្ត្រី ម៉ែលប្រ ក្រុមស្រ	
	그 그는 그를 즐겁히 했다.	
Will set 90 ft. of 7-5/8" surface casing wit	h 30 sacks dements	ochanical
Surface well control equipment will consist	of a b - you belies in	echanicai
double ram BOP, schematic attached.		
—	100 mg/s/2000 mg	ភភ្ជំខ្មី
	e e e e e e e e e e e e e e e e e e e	(3) \$ = 4 (6) \$ 5 a.
RECEIVED		
REOL.	A Section 1	
OCT 11 1979	사람 및 중요	
au gurvey	inpos office ellicos constituentan fice lang lo vessión fice de la ves	
U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.		
Subsurface Safety Valve: Manu. and Type	\$et @ =	Ft.
18 I hereby certify that the foregoing is true and correct	. 1	<b>☆種グラ</b> おより
SIGNED DESCENTITLE CO-OWNER	DATE October 10,	197,9 = =
SIGITLY THE THE		

(This space for Federal or State office use)

\_\_\_\_ TITLE \_

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\_ DATE \_\_\_\_

\*See Instructions on Reverse Side



