

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(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
- 
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: 550' FNL & 790' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same
- 
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 type="checkbox"/>
(other) Run Liner	<input checked="" type="checkbox"/>

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RECEIVED (NOTE)

AUG 5 1961

U. S. GEOLOGICAL SURVEY  
WASHINGTON, D. C.

(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.)\*

Well originally completed from open hole 821 - 1194. Hole has apparently caved. Will clean out to 1194 with air. Will run 2" tubing and spot cement plug 1170 - 1194'. Will run 2-7/8" OD NUE liner 1170 - 800' with slots across gas zones 950 - 60' and 1130 - 1138'. Will run 1" tubing to 950 and put well on production.

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED M. Negroz / Menion TITLE Co-Owner DATE 8-4-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

DATE \_\_\_\_\_

TE APPROVED

AEG 6-1980

*James F. Sims*  
JAMES F. SIMS  
DISTRICT OIL & GAS SUPERVISOR

**\*See Instructions on Reverse Side**

NMOCC