

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

2. NAME OF OPERATOR

J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 507, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790 FNL and 1850 FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Drilling

☐
☐
☐
☐
☐
☐
☐
☐
☒

(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.)*

9-07-79 Move in L & B Speed Drill. Spud 9-3/4" hole. Set 43 ft. of 7" 23 lbs/ft. surface with 10 sx.
9-08-79 Drilling 5" hole @ 400 ft.
9-09-79 Drilling 5" hole. TD @ 1285. Preparing to log.
9-10-79 Rig up Birdwell. Ran IES induction, compensated neutron-density logs.
9-11-79 Ran 1270 ft. of 2-7/8", 10.5 lbs/ft. casing and landed @ 1272 ft. Dowell cemented w/ 100 sx. class 'B' w/ 2% D-79, 50 sx class 'B'; circulated 10 bbls back to surface.
9-21-79 Southwest Surveys ran Gamma Ray Correlation log and perforated 1186-88.5' 4 shots/ft. 10 holes. 1200-02.5' 10 holes. Pictured Cliffs. Waiting on swab rig.

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

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

SIGNED [Signature] TITLE Engineer DATE September 25, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMCCC

