UNITED STATES DEPARTMENT OF THE INTERIOR

	LEASE M-12235		ੂੰ ਸ <i>ਹੁੰ</i> ਨ : ਵ
6.	IF INDIAN, ALLOTTEE OR	TRIE	BE NAME
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7.	UNIT AGREEMENT NAMI	E	

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
1. oil gas well other	9. WELL NO. 30 30 30 30 30 30 30 30 30 30 30 30 30
2. NAME OF OPERATOR J. Gregory Merrion & Robert L. Bayless	10. FIELD OR WILDCAT NAME WAW Fruitland/Pic. Clifts
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR
below.)	Sec. 10, T26N, R13W 35 = \$ 12. COUNTY OR PARISH 13, STATE 5
AT TOP PROD. INTERVAL: same	San Juan Engil & N.Mag
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. Street and to be a street and the stree
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6208 ft. 대통령 및 기본등
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT REPORT OF: U U U U U U U U U U U U U	Solution of the solution of th
PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Run Siphon String	change on Form 9–330.) Change on Form 9–330.] Change of Change
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	firectionally drilled, give subsurface locations and
09-24-79 Picked up 1" siphon string and jarred in well. Fished 1" tubing and jarred blowing. Hung siphon string and shut	again. Tubing unplugged and
RECEIVED	beagging talugers of gainers will be in amount of the call by the call of the
OCT 1 0 1979	Silver Si
U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.	A tribuna 1 trib

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct October Engineer DATE 1001 . (This space for Federal or State office use) a 1.1 I ned description of consistence build and splus world that bareadance _ DATE _ __ TITLE State or Fee

NMOCC