UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424		
5.	LEASE		
	NM→22046		
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME		
7.	UNIT AGREEMENT NAME		
8.	FARM OR LEASE NAME		
	Chaco		
9.	WELL NO.		
	2-R		
10.	FIELD OR WILDCAT NAME		
	WAW Fruitland Pictured Cliff		
11.	SEC., T., R., M., OR BLK. AND SURVEY OF		
	AREA		
	Section 7, T26N, R12W		
12.	COUNTY OR PARISH 13. STATE		
	San Juan New Mexico		
14.	API NO.		
	ELEVATIONS (SHOW DF, KDB, AND WD		
15.			

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 differer reservoir. Use Form 9–331–C for such proposals.) gas well 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: 1850 FSL & 1850 FWL 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 (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* run siphon string (other)

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.)*

3 - 28 - 80First sale 12:30 p.m.; rate 122 MCF/day; .750" plate.

Run siphon string to 1142'. Rig up to sell gas. 4-01-80



Subsurface Safety Valve: Manu. and Typ	Set @ Ft.	
18. I hereby certify that the foregoing is	TITLE Operator	DATE _April 11, 1980
7	(This space for Federal or State off	ice use)
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 17 1980