

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 1541, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850 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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>

(other) Amend 9-331C dated 09-07-79

5. LEASE
NM 12235
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Southland
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
WAW Fruitland Pic. Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T26N, R13W
12. COUNTY OR PARISH 13. STATE
San Juan N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6128 ft. GL

(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.)*

*Amend surface well control equipment:
See attached schematic of blowout preventer.

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

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

SIGNED Robert L. Bayless TITLE Co-Owner DATE September 18, 1979

(This space for Federal or State office use)

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

WYMOCC

SURFACE WELL CONTROL EQUIPMENT

MERRION & BAYLESS
Southland #6
Section 10, T26N, R13W
San Juan County, New Mexico

MERRION~BAYLESS

DRAWN BY

REVISED

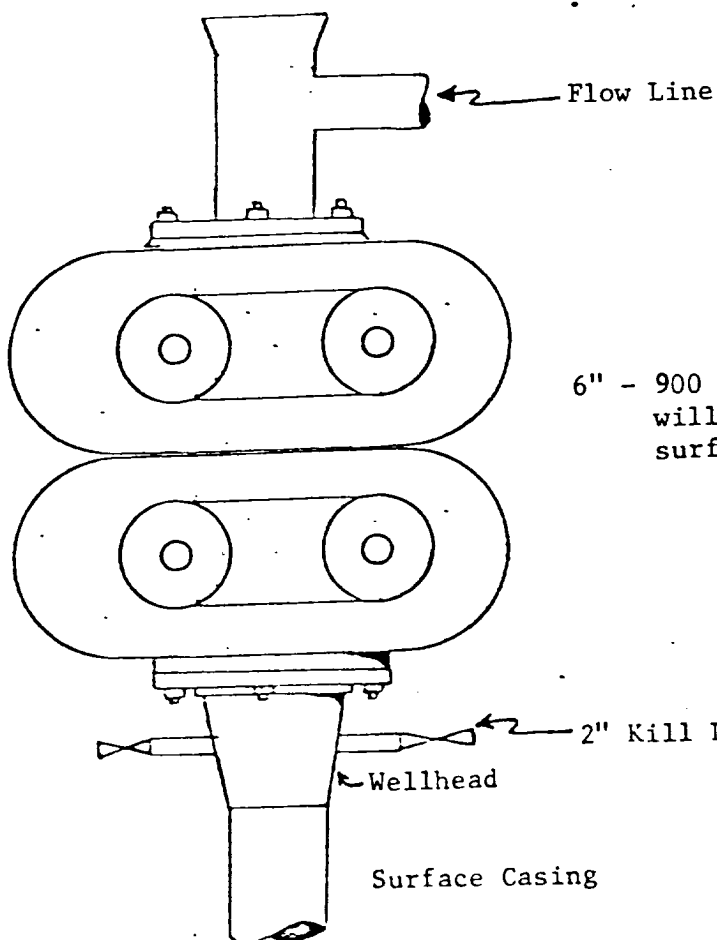
APPROVED BY:

SCALE:

DATE:

SCHEMATIC

DRAWING NUMBER



6" - 900 Series Mechanical Double Ram BOP which will be tested to 500 PSIG after setting of surface casing

2" Kill Line with 2000 WOG Ball Valve

Wellhead

Surface Casing