5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

| DEPARTMENT OF THE INTERIOR | NOO-C-14-20-7470 |
|--|--|
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 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.) | Navajo Allotted 7. UNIT AGREEMENT NAME |
| | 8. FARM OR LEASE NAME Ruby |
| 1. oil gas K other | 9. WELL NO. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 2. NAME OF OPERATOR J. Gregory Merrion & Robert L. Bayless | 10. FIELD OR WILDCAT NAME = 224 |
| 3. ADDRESS OF OPERATOR | WAW Fruitland Pictured Cliffs |
| 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 AREA |
| below.) AT SURFACE: 790 FNL & 1790 FWL | Section 34, T26N, R12W 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: | San Juan New Mexico |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. API NO. = 14. 2 |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6178' GL |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: ullet | |
| FRACTURE TREAT | |
| SHOOT OR ACIDIZE U U VAN AND THE REPAIR WELL U VAN AND THE REPAIR WELL U U VAN AND THE REPAIR WELL U VAN A | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9–330.) |
| CHANGE ZONES | |
| | Francisco (Francisco) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent | rectionally drilled, give subsurface locations and |
| Following omitted from report dated April 7, | 1980: |
| 04-03-80 Rig up swabbing unit. Run siphon sout with well gas. Land 1" siphon blowing to atmosphere. Rig down. | string to plug back. Clean string at 1160 Left. 11980 OIL CON. COM. DIST. 3 |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED TITLE Operator | DATE April 11, 1980 |
| (This space for Federal or State offi | ce use) |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | DATE |
| | |
| *See Instructions on Reverse S | APR 3 0 1980 |