| Turm 9-331 (May 1963) | UNITED STATI | | IT IN TRIPLICATE* | Form approved, Budget Bureau No. 42-R1424. |
|--|--|-----------------------------------|------------------------|---|
| DEPARTMENT OF THE INTERIOR verse side) | | | ide) 5 | LEASE DESIGNATION AND SERIAL NO. |
| | GEOLOGICAL SU | RVEY | - | SF080238A IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUN (Do not use this | DRY NOTICES AND REF form for proposals to drill or to deep- Use "APPLICATION FOR PERMIT— | ORTS ON WEL | LS | · |
| 1. OIL X GAS OTHER | | | | . UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | | | , FARM OR LEASE NAME |
| J. Gregory Merrion & Robert L. Bayless | | | | Gov't. Morgan |
| 8. ADDRESS OF OPERATOR | | | | . WELL NO. |
| P.O. Box 507, Farmington, New Mexico 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. • | | | | 0. FIELD AND POOL, OR WILDCAT |
| See also space 17 below.) At surface | | | | Gallegos |
| | | | | 1. BEC., T., R., M., OR BLK. AND BURYEY OR AREA |
| 500' FSL and 5 | 00' FEL | | | 31, T27N, R13W |
| 14. PERMIT NO. 15. ELEVATIONS (Sho | | whether DF, RT, GR, etc.) | 1 | 2. COUNTY OR PARISH 13. STATE |
| | 5843' 1 | KB | | San Juan N.M. |
| 16. | Check Appropriate Box To I | ndicate Nature of N | otice, Report, or Oth | er Data |
| 2 | OTICE OF INTENTION TO: | 1 | SUBSEQUEN | T REPORT OF: |
| TEST WATER SHUT-OF | PULL OR ALTER CASING | WATE | R SHUT-OFF | REPAIRING WELL |
| PRACTURE TREAT | MULTIPLE COMPLETE | FRACT | TURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SH00 | TING OR ACIDIZING | ABANDON MENT* |
| REPAIR WELL | change Plans rarily Abandon | (Oth | | multiple completion on Well |
| hent to this work.) G Braden Reques | head Test indicates no t approval to hold this ilities of deepening to | casing failure s well as tempo | e. orarily abandone | |
| possib | illities of deepening to | Dakota of ope | ming addictional | Gallup Interval. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | A Committee of the second | الث | | |
| | a . 10 | 75 | - | |
| 5.5 | seni JUN 3 5 19 | (9) <u>(</u> | Lucia | |
| TEMPORARY ASANDON | 1 | HIGHEY : | | |
| EXPIRES JUN | 1 1977 | • | | |
| 18. I hereby certify that | the foregoing is true and correct | 2 2 | DIE | 7 0/ 107/ |
| SIGNED | <u></u> | CO-Owne | r | DATE June 24, 1976 |
| | ral or State office use) | | | |
| ABBROWER DE | - | ITLE | | DATE |
| APPROVED BY CONDITIONS OF A | PPROVAL, IF ANY: | | | |