PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other) run siphon string

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

			
5. LEASE			
NM-33047			
6. IF INDIAN, A	ALLOTTEE OF	TRIB	E NAME
		•	
7. UNIT AGRE	EMENT NAM	Ε _	
		-	<u> </u>
8. FARM OR LI	ASE NAME	i.	1255
Hi Roll	<u> </u>		<u> 일단표</u>
9. WELL NO.	용도링물	<u>-</u>	
2		.	
10. FIELD OR W			- A A A
WAW Frui	tland Pi	ctur	ed Cliff
11. SEC., T., R. AREA	ခဲ့ပုံခွဲ	çı Ç	भ्रह्म <u>स</u> ्व
Section	35, T27N	, R1	3W. 🗀
12. COUNTY OF			
San Juan	N .	ew M	exico
14. API NO.		Ē.,	5 = 1
			

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.) gas X well other well 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.) 2000 FSL & 1850 FWL AT SURFACE: AT TOP PROD. INTERVAL: same AT TOTAL DEPTH: same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 6034' GL 🖆 REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ... (NOTE: Report results of multiple completion or zone change or Form 9–330.) REPAIR WELL

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.)*

U. S. GEOLOGICAL SURVEY

FARMINGTON, N. M.

Rig up swabbing unit. Run siphon string to 1280'. Rig up to 4-04-80 sell gas.



Ft. Subsurface Safety Valve: Manu. and Type/__ 18. I hereby certify that the foregoing is true and correct DATE April 11, 1980 TITLE Operator (This space for Federal or State office use) ACCEPTED FOR RECORD __ DATE _ _ TITLE . APPROVED BY

APR 17 1980

*See Instructions on Reverse Side