

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 Merriam & 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: 1900 FNL & 1050 FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 08-20-79

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

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:

*See Instructions on Reverse Side

5. LEASE N00-C-14-20-7472	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Da On Pah	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME WAW Fruitland Pic. Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T27N, R12W	
12. COUNTY OR PARISH San Juan	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5952 ft. GL	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Set @ _____ Ft.

7/4mac

SURFACE WELL CONTROL EQUIPMENT

MERRION & BAYLESS
Da On Pah #1
Section 35, T27N, R12W
San Juan County, New Mexico

MERRION~BAYLESS

APPROVED BY:

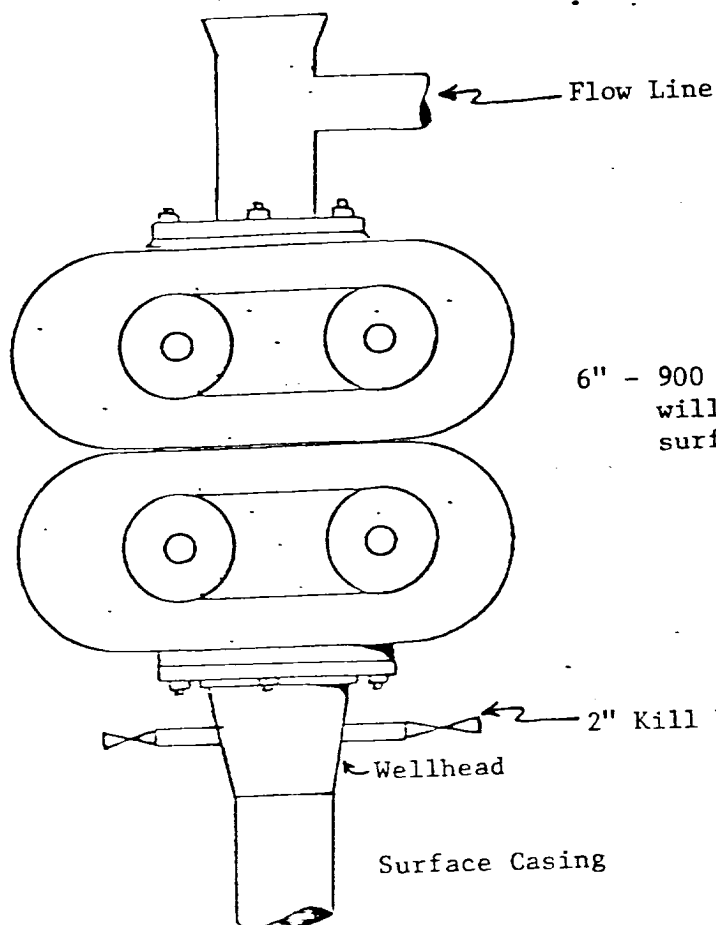
SCALE:

DATE:

REVISED

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