

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

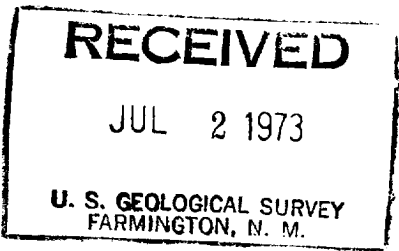
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5024
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal
2. NAME OF OPERATOR J. Gregory Merrion & Robert L. Bayless		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 1541 Farmington, New Mexico 87401		8. FARM OR LEASE NAME Amasada Navajo Tract 20
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980 FS & 660 FW lines		9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT Parajito		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-T29N-P17W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5240 DF	12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Water Injection		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

1. Move in pulling unit. Install tubing head.
2. Run 2" tubing with Howco 7" tension packer (rubber for 23# Csg) and 400 ' tail pipe
3. Run tubing to 6500' and reverse mud from hole with water (place bacteriacide on backside)
4. Reset tubing at 6200 and perforate 6295-6390 with 1 shot/foot with 1 11/16 through tubing strip.
5. Run tubing to 6400 and spot acid across perfs. Set packer and acidize with 1000 gallons 15% HCl. Establish injection rate and hook up for injection.



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

SIGNED <i>[Signature]</i>	TITLE _____	DATE July 2, 1973
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side