

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 ☐ Disposal
2. NAME OF OPERATOR
J. Gregory Merriam & Robert L. Bayless
3. ADDRESS OF OPERATOR
P.O. Box 507, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1830' FSL & 1830' FWL
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"/>
FULL 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) Prepare for Water Disposal	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
14-20-603-2198
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Navajo Tribal H
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
Totah Gallup
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 13, T29N, R14W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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.)*

Run 2" plastic lined tubing and string into Model N packer at 4967 after placing bactericide treated water in casing tubing annulus.

Commence water injection.

Work pursuant to NMOCC Order SWD-212.

Subsurface Safety Valve: Manu. and Type _____ None _____ Ft.

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

SIGNED J. Gregory Merriam TITLE Co-Owner DATE June 8, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: