

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 49-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2198
2. NAME OF OPERATOR J. Gregory Merrion and Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box 1541 Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME Navajo H
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL and 1850' FWL		8. FARM OR LEASE NAME Navajo H
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5237 GL		10. FIELD AND POOL, OR WILDCAT Undesignated Pictured Cliff
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13, T29N, R14W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

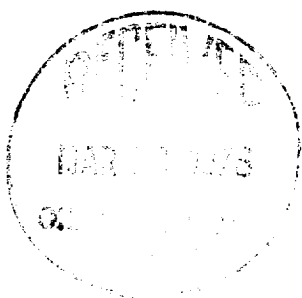
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" 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"/>	

(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.)*

March 15, 1976 Perforated 688-92, 751-55, 816-20, 886-90 with 16 shots (.27 diameter)
Fraced with 75,000 SCF of Nitrogen, 111 barrels water, 20,000# 20-40 sand at average injection rate of 4.2 barrels per minute. Maximum treating pressure 3300 psi. Average treating pressure 3000 psi.
Now testing well for pipeline connection.



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

SIGNED J. G. Merrion TITLE Operator DATE March 17, 1976

(This space for Federal or State office use.)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side