

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-592	
2. NAME OF OPERATOR J. Gregory Merrion		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR P. O. Box 507, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME Navajo Tribe "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL and 660' FWL		8. FARM OR LEASE NAME Four Corners Paradox	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4834 D.F.		10. FIELD AND POOL, OR WILDCAT Four Corners Paradox	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29 - 32N - 20W	
		12. COUNTY OR PARISH San Juan	
		13. STATE N.M.	

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) <u>Test Shinarump</u>	
(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.)\*

8-15-68 Pulled rods and tubing. Set cast iron bridge plug @ 3572 KB. Attempted to cut off 5 1/2" csg. with Bowen knife and failed.

8-16-68 Perforated 3008-3018 with 20 densijets. Attempted to pump in but couldn't. Perforated with 20 -90 gm jets 3011-3021. Pumped in OK.

8-17-68 Ran tubing and packer. Set packer@ 2950. Reversed mud from 5 1/2-7 5/8 annulus. Swabbed dry.

8-18-68 Treated well with 1000 gal mud acid. Swabbed well and started flowing water.

8-19-68 Well tested 15 bbls. per hour water. No show oil or gas. Water salty. Shut well in. Shut in pressure 75 psi.

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

SIGNED

J. Gregory Merrion

TITLE

Operator

DATE

9-1-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

