

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.)

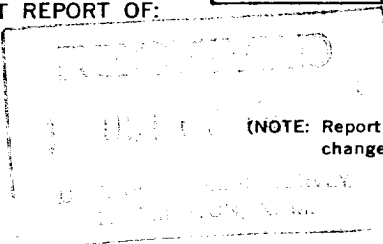
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
J. Gregory Merrion & Robert L. Bayless
3. ADDRESS OF OPERATOR
P. O. Box 507, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 805' FSL & 530' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

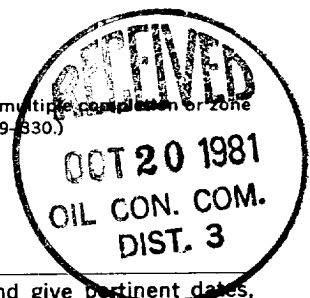
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other) Plug

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐



(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.)*

Request permission to plug and abandon this well for lack of commercial quantities of hydrocarbons.

Propose to plug as follows:

1. Place cement plug from 4400 ft. to 4285 ft.
2. Place cement plug from 3660 ft. to 3560 ft.
3. Place cement plug from 2175 ft. to 1850 ft. to protect Ojo Alamo.
4. Shoot off casing 1600 - 1700 ft. and spot open hole plug 1560 ft. to 1460 ft.
5. Surface plug from ~~205'~~ ^{220'} to surface.

Will erect dry hole marker and reclaim surface per BLM specifications.

(Plugging instructions above as directed by U.S.G.S.)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Engineer DATE 10-05-81

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE Acting Dist. Supv. DATE OCT 15 1981
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC