

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

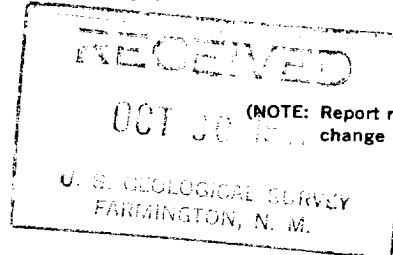
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

(other) Corrected Plug



5. LEASE
SF-078877
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Canyon Largo Unit
8. FARM OR LEASE NAME
9. WELL NO.
125
10. FIELD OR WILDCAT NAME
Devils Fork Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T24N, R6W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6541' GR

(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.)*

Delete item 4. Shoot off casing 1600 - 1700 ft. and spot open hole plug 1560 ft. to 1460 ft.

Approved verbally 10/29/81 by H. P. Walter.
No casing to be recovered.



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

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

SIGNED [Signature] TITLE Engineer DATE 10/29/81

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD TITLE RAYMOND W. VINYARD DATE NOV 05 1981
CONDITIONS OF APPROVAL, IF ANY: ACTING DISTRICT SUPERVISOR

*See Instructions on Reverse Side

NMOCC