

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-124.

## 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.<br>NM 03010                       |
| 2. NAME OF OPERATOR<br>J. Gregory Merrion and R. L. Bayless                                                                                                       |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |
| 3. ADDRESS OF OPERATOR<br>Petroleum Club Plaza Building, Farmington, N. Mex. 87401                                                                                |  | 7. UNIT AGREEMENT NAME                                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>815' fel and 1930' fnl |  | 8. FARM OR LEASE NAME<br>Dashko B                                     |
| 14. PERMIT NO.                                                                                                                                                    |  | 9. WELL NO.<br>2                                                      |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6851' KB                                                                                                        |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                        |
|                                                                                                                                                                   |  | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>Sec 11, T24N, RTW |
|                                                                                                                                                                   |  | 12. COUNTY OR PARISH<br>Rio Arriba                                    |
|                                                                                                                                                                   |  | 13. STATE<br>N.M.                                                     |

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

| NOTICE OF INTENTION TO: |                          | SUBSEQUENT REPORT OF: |                                     |
|-------------------------|--------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/> | WATER SHUT-OFF        | <input type="checkbox"/>            |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other)               | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> |                       |                                     |
| PULL OR ALTER CASING    | <input type="checkbox"/> | REPAIRING WELL        | <input type="checkbox"/>            |
| MULTIPLE COMPLETE       | <input type="checkbox"/> | ALTERING CASING       | <input type="checkbox"/>            |
| ABANDON*                | <input type="checkbox"/> | ABANDONMENT*          | <input checked="" type="checkbox"/> |
| CHANGE PLANS            | <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.)\*

Plugged and abandoned well with 60 sax Class "A" cement as follows:

|        |               |
|--------|---------------|
| 20 sax | 6950' - 6775' |
| 30 sax | 6050' - 5782' |
| 10 sax | 60' - 0'      |

Erected 4' marker.

RECEIVED  
JUL 1969  
U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

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

SIGNED

TITLE

Operator

DATE

7/1/69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

