

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-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 SF - 079086 | |
| 2. NAME OF OPERATOR J. Gregory Merrion and Robert L. Bayless | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, New Mexico 87401 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850 FSL and 790 FEL | | 8. FARM OR LEASE NAME Canada Mesa | |
| 14. PERMIT NO. | | 9. WELL NO. #2 | |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6497 GL | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T24N-R6W | |
| | | 12. COUNTY OR PARISH Rio Arriba | |
| | | 13. STATE New Mexico | |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.)*

11-26-72

Cut off casing-installed spool-drilled stage collar and float collar with 10' of firm cement-pressure tested to 3200# psi, held good. Spotted 300 gallons 7 1/2% HCL acid. Ran gamma ray - collar locator

Perforated 6450 - 6460 with 6 DML jets
6476-6506 with 20 DML jets

Fracced with 51,000# 20-40 sand and 55,000 gallons water with 2# J 166 per 1,000 gallons.
Over rate 28 B
Over pressure 3100 Psi
Max. pressure 3250 Psi

1 SIP 2500 psi
after 15' 1600 psi

11-27-72 After 2 hours opened well and started running 2 3/8" tubing to 6662'.

After 40 hours blowing tested @ rate of 2700 MCF/da.

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

SIGNED

TITLE Operator

DATE 11-30-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 11 1972

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.