Form 9–331
Dec. 1973

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.)

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE	NM–23060
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Federal C
9. WELL NO.	1
10. FIELD OR WILDCAT NAME	Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 11, T24N, R8W

1. oil well ☐   gas well ☐   other   dry hole

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: 1850 FNL & 1650 FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

12. COUNTY OR PARISH	13. STATE
San Juan	N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7146' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☒
(other)		

(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.)*

    12-03-80   Placed an 80' surface plug in 8-5/8" casing with 35 sacks
                cement; erected dry hole marker. Surface rehabilitation
                is pending your notification of requirements.

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

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

SIGNED _____ TITLE Operator _____ DATE December 4, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE

APPROVED
AS AMENDED

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore
Liability under bond is retained until
surface restoration is completed.

DEC 11 1984

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side