Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM – 14926

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

J. Gregory Merrion and Robert L. Bayless

8. FARM OR LEASE NAME

Federal D

3. ADDRESS OF OPERATOR

P.O. Box 507, Farmington, NM 87401

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1945' FNL & 790' FEL

10. FIELD AND POOL, OR WILDCAT

Unnamed Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 9, T24N, R8W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7144' KB, 7130' GL

12. COUNTY OR PARISH | 13. STATE

San Juan | N.M.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐		WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐		FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐		SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐		(Other) _____	
(Other)	☒			

(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.) *

Will trip tubing and remove packer. Will run tubing, rods and pump.
Will set pumping unit and pump test for 60 days to see if commercial
gas can be produced while keeping well dewatered.

Request permission to put water to unlined pit for duration of test.
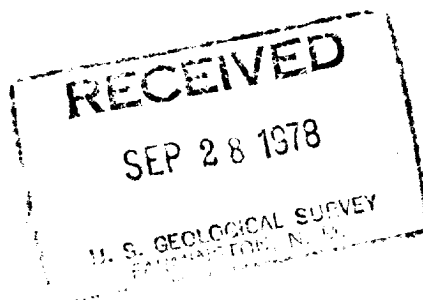
18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE ___ Operator ___   DATE __9-27-78__

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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