5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| DEI ARTMERT OF | THE INTERIOR | SF-0/9139A |
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| GEOLOGICA | L SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND (Do not use this form for proposals to drill reservoir. Use Form 9–331–C for such propo | _ | 7. UNIT AGREEMENT NAME |
| 1. oil gas well other | | Federal Com A 2 2 2 |
| 2. NAME OF OPERATOR | | 9. WELL NO. 2 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| J. Gregory Merrion 3. ADDRESS OF OPERATOR | | 10. FIELD OR WILDCAT NAME: |
| P.O. Box 507, Farmington, NM 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| below.) AT SURFACE: 907 FSL & 792 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | | Section 35, T25N, R6W 22. |
| | | Rio Arriba New Mexico |
| CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | 30-039-22318 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: | 6605 GL 4 2 7 2 8 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 |
| TEST WATER SHUT OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Surface Casing | | (NOTE: Report results of multiple completion or zone change on Form 9-330.) |
| measured and true vertical depth. Spudded well 7-3-80. | ing any proposed work. If well is done in a standard sentiner of the sentiner of the sentine in a sentine in | e all pertinent details, and give pertinent detes, lirectionally drilled, give subsurface locations and it to this work.)* 95' and set 95' of 7", 20# 2% CACL2. Cement circulated |
| 7-7-80 Found top of c | oment at 15! Mirred 2 | sx cement and filled to surface. |
| Installed BOP and test | ed casing to \$00'psi, h | eld ok. |
| | | |
| | U. C. GEOLOGICAL SURVEY FARMINGTON, N. 11. | |
| Subsurface Safety Nalve: Manu. and Ty | /D e | Set @ Ft. |
| 18. I hereby pertify that the foregoing is true and correct | | |
| signed Weggs Men | W TITLE CO-Owner | DATEJuly 11, 1980 |
| | (This space for Federal or State off | ice use) 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE TO THE TOTAL TO THE CONTRACTOR TO THE CONTR |
| | N 1840.00 | |

NMOCC

*See Instructions on Reverse Side

