

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. BY 078474 |
| 2. NAME OF OPERATOR J. Gregory Merriam and Robert L. Bayless | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 507 Farmington, New Mexico 87401 | | 7. UNIT AGREEMENT NAME XXXXXXXXXXXX |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 33 990' FHL and 1750' FHL | | 8. FARM OR LEASE NAME Keeling |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6515 GL | | 10. FIELD AND POOL, OR WILDCAT Winters Point |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T25N, R8W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 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 COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input checked="" type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | | | |

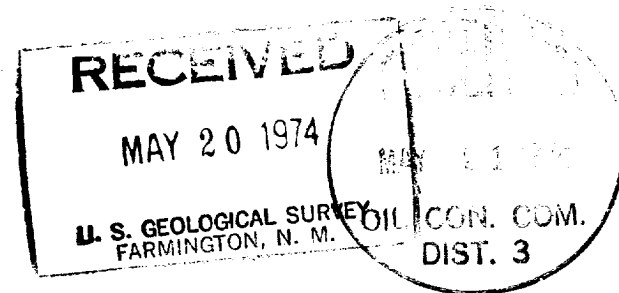
SUBSEQUENT REPORT OF:

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

Well is making drilling mud and water.
Will pull tubing, set bridge plug above existing perforations, locate hole in casing with packer, and squeeze cement. Will then drill out and test casing.
Will then perforate, acidize, test and sand oil frack selected intervals in Greenhorn Gallup interval from 5430-6320.
Will then put well on pump and test.
Will ultimately plan to ask permission to drill out bridge plug and commingle with Dakota.



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

SIGNED J. Gregory Merriam TITLE Co-Owner DATE May 17, 1974

(This space for Federal or State office use)

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

*See Instructions on Reverse Side