

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. <b>SP-078474</b>
2. NAME OF OPERATOR <b>J. Gregory Harrison &amp; Robert L. Bayless</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 507, Farmington, New Mexico 87401</b>		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 <b>990' FRL &amp; 1750' FRL</b>		8. FARM OR LEASE NAME <b>Keeling</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6515 GL</b>		10. FIELD AND POOL, OR WILDCAT <b>Dufers Point</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 20, T25N, R8W</b>
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH <b>San Juan</b>
SUBSEQUENT REPORT OF:		13. STATE <b>New Mexico</b>

TEST WATER SHUT-OFF <input type="checkbox"/>		PULL OR ALTER CASING <input type="checkbox"/>		WATER SHUT-OFF <input type="checkbox"/>		REPAIRING WELL <input checked="" type="checkbox"/>	
FRACTURE TREAT <input type="checkbox"/>		MULTIPLE COMPLETE <input type="checkbox"/>		FRACTURE TREATMENT <input type="checkbox"/>		ALTERING CASING <input type="checkbox"/>	
SHOOT OR ACIDIZE <input type="checkbox"/>		ABANDON* <input type="checkbox"/>		SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>		ABANDONMENT* <input type="checkbox"/>	
REPAIR WELL <input type="checkbox"/>		CHANGE PLANS <input type="checkbox"/>		(Other) <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.)\*

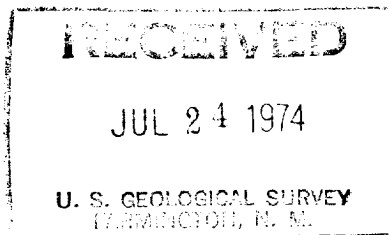
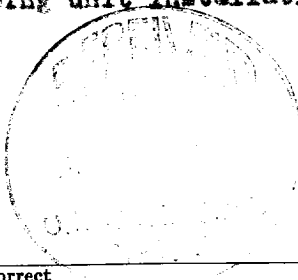
7-10 Acidize 6278-6300 with 2000 gallons 7 1/2% HCl. Flow back well and swab.

7-12 Selectively frac interval 5946-6038 down 3" tbg. with 3500 gallons of gelled water and 8000 pounds 20-40 sand. Well sanded off. Move packer and BP and frac interval 5613-5728 down 3" tbg. with 48,676 gallons of gelled water and 77,000 pounds 20-40 sand. Move packer and BP and frac interval 5434-78 with 18,480 gallons of gelled water and 22,750 pounds 20-40 sand.

7-13 to

7-18 Swab test. Recover packer and bridge plug. Run 2" production tubing.

Well waiting on pumping unit installation.



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

SIGNED

TITLE **CC-Geologist**

DATE **July 23, 1974**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side