well

below.)

2. NAME OF OPERATOR

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

ر. ا

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.)

other

J. Gregory Merrion & Robert L. Bayless

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

P. O. Box 507, Farmington, NM 87401

same

gas

well

X

AT SURFACE: 790' FSL & 790' FEL

Neg C	Budget Bureau No. 42-R1424
5. LI	ASE
SF	-078641-A
6. IF	INDIAN, ALLOTTEE OR TRIBE NAME
7. U	NIT AGREEMENT NAME
	ARM OR LEASE NAME elhi Taylor C
9. W	ELL NO.
	ELD OR WILDCAT NAME
E	asin Dakota-Gallegos Gallu
	EC., T., R., M., OR BLK. AND SURVEY OF REA
S	ection 4, T26N, R11W
12. C	OUNTY OR PARISH 13. STATE
S	an Juan New Mexico
14. A	PI NO.
15. E	EVATIONS (SHOW DF. KDB. AND WD

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* Commingle (other) 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.)*

SUBSEQUENT REPORT OF:

Will open Otis sliding sleeve, broach tubing, set collar stop, swab well in, and install plunger lift and equip to produce commingled stream into low pressure line.

APPROVED

FOR JAMES F. SIMS

DISTRICT OIL & GAS SUPERVISOR Subsurface Safety Valve: Manu. and Type ... Set @ by certify that the foregoing is true and correct Co-Owner December 2. DATE SIGNED (This space for Federal or State office use) CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side