

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.)

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR

J. Gregory Merrion & Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 507, Farmington, NM 87401

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

AT SURFACE: 790 FSL and 790 FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Run Siphon String

SUBSEQUENT REPORT OF:

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5. LEASE

SF 080238A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chaco

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

WAW - Pictured Cliff

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

Sec. 1, T26N, R13W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

14. API NO.

30-045-22411

15. ELEVATIONS (SHOW DE KDB AND WD)

5979 G.R.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

03-09-79 Rig up Western States. Kill well w/ 5 bbls. water. Ran 1207 ft. of 1-1/4" EUE tubing for siphon string. Landed at 1206 ft. G.R.

03-12-79 Swab well in and put back on line.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Steven L. Merrion

TITLE

Engineer

DATE

March 23, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC