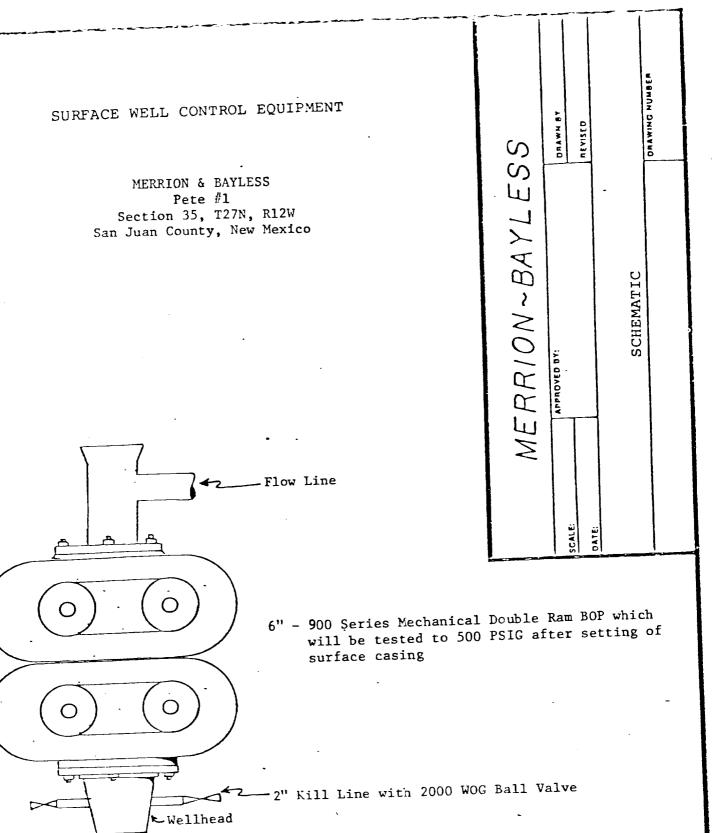
UNITED	TATES	5. LEASE
DEPARTMENT OF	THE INTERIOR	NOO-C-14-20-7471 自 名意
GEOLOGICAL	SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted ರಿ ಕ್ಲಾಪ್ತ
SUNDRY NOTICES AND	DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND	r to deepen or plug back to a different	2 d
(Do not use this form for proposals to drill reservoir. Use Form 9–331–C for such proposed to the control of th	3ls.)	8. FARM OR LEASE NAME
1. oil gas X other		1 1000 2 2 3
well well well other		9. WELL NO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR	ort I Bayless	10. FIELD OR WILDCAT NAME
J. Gregory Merrion & Ro	ert E. Bayless	WAW Fruitland Pic. Cliff
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmingt		11. SEC., T., R , M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT L	OCATION CLEARLY. See space 17	Sec. 35, T27N, R12W
below.)	L and 820 FEL	12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1740 FS AT TOP PROD. INTERVAL:	same	San Juan = 5 5 N.M.
AT TOTAL DEPTH:	same	
16. CHECK APPROPRIATE BOX TO	INDICATE NATURE OF NOTICE,	14. API NO. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW DE KDB, AND WD)
	CURCOUENT REPORT OF	5935' GL 😤 👙 🖁 🛱 🕹 O O
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	TEHOLY  TEHOLY  TEHOLY  TEHOLY  THE  THE  THE  THE  THE  THE  THE  TH
TEST WATER SHUT-OFF  FRACTURE TREAT		ger bri to yring salgod I book c d bluc a rhour armot v taearre taearre
SHOOT OR ACIDIZE		This completion or zone  (NOTE: Report results of multiple completion or zone
REPAIR WELL		(NOTE: Report results of multiple completion or zone change on Form 9-330.)
PULL OR ALTER CASING     MULTIPLE COMPLETE	П	change on Form 8-330.05 (mod 5) Lest (est con 1) but the second by the s
CHANGE ZONES		change on Form 8-330.0h Letterage sedimun en groot beaut particular on beaut publication beaut publication beautiful publication bea
ABANDON* (athor) Amend 9-331C date	.d 8-20- <del>79</del> 1	change on Form blunds to be still be st
(Otilei)		<u> </u>
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 dept	hs for all markers and zones pertine	nt to this work.)* 프랑플를 그 프랑플
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*Amend surface w	and the point of t	
See attached so	F= = 0	
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	_	See Constitution of the Co
Subsurface Safety Valve: Manu. and	Type	
18. Thereby certify that the foregoing is true and correct		September 18, 1979
SIGNED	TITLE Co-Owner	DATE
1.1	(This space for Federal or State o	ffice use)
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		Jersiji Amandada Grandea Grandea Amanda Jeta Su Jeta Su Jeta Su Jeta Su
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		등 등 등 기계



Surface Casing