LEASE NOO-C-14-20-7471

5. LEASE

Form 9-331 Dec. 1973

UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Allotted
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil	Pete Table A ATA
1. oil gas 🔀 other	9. WELL NO. 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR	1 ខ្លែងថ្មី ម៉ី ម៉ូត្តិឡី
J. Gregory Merrion & Robert L. Bayless	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	WAW Fruitland Pic Cliffs
P.O. Box 507, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA DE SECTION
below.) AT SURFACE: 1740 FSL & 820 FEL	Section 35, T27N, R12W
	12. COUNTY OR PARISH 135 STATE
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: same	San Juan E New Mexico
	14. API NO. 12 15 15 15 15 15 15 15 15 15 15 15 15 15
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5935 G:L. E C Case
TEST WATER SHUT-OFF	ମିନ୍ଦ୍ରିୟ ଅନ୍ତିକ୍ର
FRACTURE TREAT	A Control of the Cont
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other) Open Hole Completion	
24 hours blowing. Waiting	irectionally drilled, give subsurface locations and it to this work.)* 40 MCF/day natural after
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CEIVED DEC 1 2 1979	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
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DEC 1 2131 B. GEOLOGICAL SURVEY	Market of the control
S. GEOLOGICAL SURVEY	បីសុខ ស្រុក អ្នកស្រី ស្គ្រាស់ ម ុស្ត្រាស់
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Cut audiese Cefety Velyer Many, and Type	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED June Engineer	December 11, 1979
(This space for Federal or State off	ice use)
APPROVED BY	DATEDATE
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	
NMOCC	anab mal realiza sorbeson healt directly combined anoblem anoblem
	orac no by b

*See Instructions on Reverse Side