

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-031-20704
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. (Fee)

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Robert L. Bayless

3. Address of Operator
PO Box 168, Farmington, NM 87499

4. Well Location
Unit Letter **K** : **1650** Feet From The **South** Line and **2310** Feet From The **West** Line
Section **21** Township **16N** Range **6W** NMPM **McKinley** County

7. Lease Name or Unit Agreement Name

Santa Fe Pacific Railroad

8. Well No. **55**

9. Pool name or Wildcat
Miguel Creek Gallup

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Change of Operator** ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Change Operator from Baca Petroleum Corp., 1801 Broadway, Suite 1540, Denver, CO 80202,
to Robert L. Bayless

RECEIVED
JAN 13 1992
OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

Operator

DATE

Jan. 10, 1992

TELEPHONE NO.

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY

TITLE

SUPERVISOR DISTRICT # 3

DATE

JAN 13 1992

CONDITIONS OF APPROVAL, IF ANY.