

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 ☒ Dry Hole

2. NAME OF OPERATOR
Robert L. Bayless

3. ADDRESS OF OPERATOR
P.O. Box 1541, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1630 FNL & 1690 FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

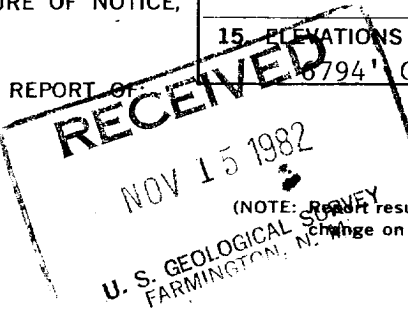
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF

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5. LEASE
Contract 78
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
AXI "F"
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
Ballard Pic. Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T23N, R5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6794' G.R.

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.)*

This well has been determined to be unproductive. Plan to abandon by setting 2 Class B cement plugs as follows:

1 - 40 sx plug 2424'-999'
1 - 10 sx plug 363 - Surface

Casing: 2-7/8", 6.5#/ft J-55 8rd EUE (no tubing)
Pertinent depths: Perforations - 2320-2336'; 2347-2359'; 2367-2380'; 21 perfs.
PBTD: 2424' Formation tops: Ojo Alamo - 1808'; Fruitland - 1976'; and Pictured Cliffs - 2316'.

A dry hole marker will be set and surface restoration work will be performed as per specifications in APD. This work will be performed as soon as this plugging request is granted.
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mark A. McLeod TITLE Agent DATE 11/15/1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: