

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved:
Budget Bureau No. 1004-
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

Jicarilla Contract 362

IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache Tribe

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Jicarilla 362 B

WELL NO.

1

FIELD AND POOL OR WILDCAT

Ballard Pictured Cliffs

SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Section 7, T23N, R4W

COUNTY OR PARISH 13. STATE

Rio Arriba NM

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" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Robert L. Bayless

3. ADDRESS OF OPERATOR
P.O. Box 168, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface 1090' FNL & 1120' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)

6882' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Production status	☒		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 shut in due to market requirements for over 90 days and has resumed production as of June 1, 1989.

RECEIVED
JUN 11 1989
OIL CON. DEPT.
INT. 3

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

SIGNED Robert L. Bayless TITLE Operator DATE 6/1/89
(This space for Federal or State office use)

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

*See Instructions on Reverse Side