

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. Contract 362	
2. NAME OF OPERATOR Robert L. Bayless		APR 01 1986		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR P.O. Box 168, Farmington, NM 87499		BUREAU OF LAND MANAGEMENT		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL & 1850' FWL		FARMINGTON RESOURCE AREA		8. FARM OR LEASE NAME Jicarilla 362 B	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6860' GL		9. WELL NO. #4	
				10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T23N, R4W	
				12. COUNTY OR PARISH Rio Arriba	
				13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud & Set Surface Casing	<input checked="" type="checkbox"/>		

(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.)*

3/31/86 Spud well at 1:30 p.m. 3/31/86. Drilled 102 ft. RKB of 6-3/4" surface hole. Ran 3 jts. (95.85 ft.) of 5-1/2", 14#/ft. J-55 used casing and set at 102 ft. RKB. Rigged up Cementers Inc. Cemented surface with 35 ft.³ Class B cement w/2% CaCl₂. Good circulation throughout job. Circulated cement to the surface. Plug down at 6:45 p.m. 3/31/86. WOC.

Notify this office prior to commencing casing alterations

RECEIVED
APR 16 1986
OIL CON. DIV.
DIST. 2

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

SIGNED Kevin H. McGow TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE APR 11 1986

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC