

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 ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR
Robert L. Bayless

3. ADDRESS OF OPERATOR
P.O. Box 1541, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FNL & 1660' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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

5. LEASE
Contract 45

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
AXI "P"

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Ballard Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T23N, R4W

12. COUNTY OR PARISH
Sandoval

13. STATE
N.M.

14. API NO.

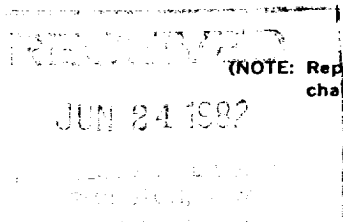
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7001' GL

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) AOP testing

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

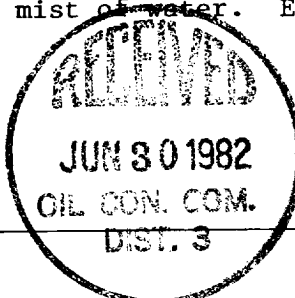


(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

05-17-82 Well was flowing dry gas through 2" opening. Shut in for 7 day pressure & test.

05-24-82 7 day shut in = 664 psi. DWT. Blew well for 3 hrs. through a 3/4" positive choke nipple. At the end of 3 hrs. well was flowing with 14 psi on wellhead. Gas had a mist of water. Est. flow rate was 321 MCF/day



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert L. Bayless TITLE Operator DATE June 23, 1982

(This space for Federal or State office use)

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

RECEIVED FOR RECORD

JUN 29 1982

*See Instructions on Reverse Side

NMOCQ

BY Smh