

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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2510' FSL & 790' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

5. LEASE  
NM 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
John S. Dashko

9. WELL NO.  
#1

10. FIELD OR WILDCAT NAME  
Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 11, T24N, R7W

12. COUNTY OR PARISH | 13. STATE  
Rio Arriba | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6899' G.L.

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

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

REC'D  
OCT. 3  
N. DIV.

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.)\*

9-19-83 Rigged up Smith Energy Services. Pressure tested casing to 4000 psi. Held OK for 5 minutes. Rigged up Geosource Wireline. Ran GR-CLL from 6100-5600'. Perforated lower Gallup interval with 3-1/8" casing gun with 2JSPF as follows:  
5956-5970' 14' 28 holes (.35" diameter)

Tripped tubing in the hole. Set tubing at 5970'. Spotted 100 gallons of 7 1/2% D.I. HCL acid. Moved tubing to 5667'. Broke down perforations immediately. Established rate of 5.2 BPM @ 3200 psi, ISIP=850 psi. Pumped spot acid in formations. SDFN.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED \_\_\_\_\_ TITLE Operator DATE September 28, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 04 1983

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA  
BY \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Devils Fork Gallu<sup>1/2</sup>

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 11, T24N, R7W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1b. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESVR.  Other

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 and in accordance with any State requirements)\*  
At surface 2510' FSL & 790' FEL  
At top prod. interval reported below same  
At total depth same

RECEIVED  
DEC 01 1983  
BUREAU OF LAND MANAGEMENT  
14. FARMINGTON RESOURCE AREA

15. DATE SPUNDED 12-13-80 16. DATE T.D. REACHED 12-23-80 17. DATE COMPL. (Ready to prod.) 11-14-83 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 6910' KB 19. ELEV. CASINGHEAD 6899' GL

20. TOTAL DEPTH, MD & TVD 7000' 21. PLUG, BACK T.D., MD & TVD 6481' 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 5766-5774', 5814-5828', 5834-5838', 5846-5858', 5956-5970' total of 51' and 66 holes, 28 holes between 5956-5970' 25. WAS DIRECTIONAL SURVEY MADE no

26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CLL 27. WAS WELL CORED no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	335'	12 1/4"	140 ft <sup>3</sup> 50-50 B/poz 6+2% D-24 gilsonite + 2% S-1 CaCl <sub>2</sub> , circ. surfa	-20 gel + 6 1/2#/sx
4-1/2"	10.5#	6958	7-7/8"	889 ft <sup>3</sup> 50-50 b/poz 6 + 2% D-20 2nd stage:	
(OLD WORK)				95 ft <sup>3</sup> 50-50 b/poz 6 + 2% D-20	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	6028	

31. PERFORATION RECORD (Interval, size and number)

Interval	Size	Total
5766-5774	8'	Total 52' Total 66 holes
5814-5828'	14'	
5834-5838	4'	
5846-5858'	12'	
5956-5970'	14'	

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6908-5922	59 ft <sup>3</sup> Class B-squeezed off perms
5956-5970'	250 gal wghtd 15% HCL w/42 ball
	29,000 gal 75 quality foam 2% KCL
	1 gal/1000 surfactant (cont. on back

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
11-14-83	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-30-83	24	1/2	→	19	73	1 (load)	3842

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	G.S.—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→	19	73	1 (load)	45

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)  
vented, to be sold upon pipeline connection

TEST WITNESSED BY  
K.H. McCord

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Robert L. Bayless TITLE Operator DATE 12-1-83

\*(See Instructions and Spaces for Additional Data on Reverse Side)

ACCEPTED FOR RECORD  
DEC 08 1983

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Ojo Alamo Pic. Cliffs Gallup Dakota	1780 2420 5730 6715	1932 2500 6002 6980	Water Natural gas, water Oil, Natural gas Oil, Water
32. (cont.)  5766-5858			$\frac{1}{2}$ gal/1000 clay stabilization agent + 42,000 lbs of 20-40 sand 150 gal 7½% D.I. HCL acid. 750 gals 15% HCL weighted acid w/57 l.l s.g. RCN ball sealers. 52,666 gals 75 quality foam w/2% KCL water, 1/gal./ 1000 surfactant, ½ gal/100 clay stabilization agent and 76,000 lbs 20-40 sand
	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
	Ojo Alamo Pic. Cliffs Gallup Dakota	1780' 2420' 5730' 6715'	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1.  
Effective 1-1-65

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

3103/10  
12-18-83

I. Operator Robert L. Bayless

Address P.O. Box 1541, Farmington, NM 87499

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Casinghead Gas  Condensate

Change in Ownership  Other (Please explain) ~~Change in transporter of casinghead gas~~

If change of ownership give name and address of previous owner Vista Resources, Inc. 800 Rio Grande Blvd NW Suite 100 Albuquerque NM 87104

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>John S. Dashko</u>	<u>#1</u>	<u>Devils Fork Gallup</u>	<u>State, Federal or Fee Federal</u>	<u>NM03010</u>

Location

Unit Letter I; 2510 Feet From The South Line and 790 Feet From The East

Line of Section 11 Township 24 North Range 7 West, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corp</u>	<u>P.O. Box 1702 Farmington NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492, El Paso, Texas</u>

If well produces oil or liquids, give location of tanks. Unit I Sec. 11 Twp. 24N Rge. 7W Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>(X)</u>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>12-13-80</u>	<u>11-14-83</u>	<u>7000</u>	<u>6481</u>
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>6899</u>	<u>Gallup</u>	<u>5766</u>	<u>6028</u>
Perforations			Depth Casing Shoe
<u>5766-5970</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>8-5/8"</u>	<u>335'</u>	<u>200 sx</u>
<u>7-7/8"</u>	<u>4 1/2"</u>	<u>6958'</u>	<u>(1st stage 700 sx; 2nd stage 75 sx)</u>
	<u>2-3/8"</u>	<u>6028'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>11-14-83</u>	<u>11-30-83</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>			<u>1 1/2" E.D.</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>19</u>	<u>1 (load)</u>	<u>73 MCF</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert L. Bayless  
(Signature)  
Operator  
(Title)  
12-5-83  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1983

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply