

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 RECEIVED

(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  
1830' FSL & 1030' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7062' GL

5. LEASE DESIGNATION AND SERIAL NO.  
Jicarilla Contract 451

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla 451

9. WELL NO.  
#2

10. FIELD AND POOL, OR WILDCAT  
Wildcat Undesig. Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 9, T29N, R3W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Extension for APD <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.)\*

Please consider this request for extension of six (6) months to drill this well.

RECEIVED  
MAR 31 1987  
OIL CON. DIV.  
DIST. 8

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

SIGNED [Signature] TITLE Operator DATE 3/11/87

(This space for Federal or State office use)

APPROVED BY (Orig. Signed) - GARY A. STEPHENS TITLE ASSISTANT DISTRICT MANAGER, DATE MAR 23 1987  
CONDITIONS OF APPROVAL, IF ANY: Drilling operations must commence by October 15, 1987.

\*See Instructions on Reverse Side