

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	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 458
2. NAME OF OPERATOR Robert L. Bayless	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe
3. ADDRESS OF OPERATOR P.O. Box 168, Farmington, NM 87499	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 790' FSL & 1450' FEL	8. FARM OR LEASE NAME Jicarilla 458
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T30N, R3W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7008' GL	13. STATE NM

RECEIVED

DEC 04 1986

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

16. 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"/>
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) <input type="checkbox"/>	

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) <u>Spud, set surface csq.</u>	<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.)\*

Spud well at 1:00 p.m. 12/2/86. Drilled 147 ft. of 9-7/8" surface hole. Ran 3 jts., 132.73 ft. of 7-5/8", 26.4#/ft. S-95 used casing and landed at 145 ft. RKB. Rigged up Dowell. Cemented surface casing with 60 sacks of Class B cement with 3% CaCl<sub>2</sub>. Good circulation throughout job. Did not circulate any cement - possibly only 35 sacks pumped. Circulate cement out of hole. Wait on more cement. Cemented surface with 75 sacks of Class B (88.5 ft.<sup>3</sup>) cement with 3% CaCl<sub>2</sub>. Good circulation throughout job. Circulated cement to the surface. Plug down at 10:00 p.m. 12/2/86. WOC.

RECEIVED  
DEC 10 1986  
OIL CON. DIV.  
DIST. 2  
ACCEPTED FOR RECORD  
DEC 09 1986  
FARMINGTON RESOURCE AREA  
BY PSS

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

SIGNED [Signature] TITLE Operator DATE 12/4/86

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC