

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. Jic. Contract 459 |
| 2. NAME OF OPERATOR Robert L. Bayless | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jic. 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 1665' FSL & 940' FEL | | 8. FARM OR LEASE NAME Jic. 459 |
| 14. PERMIT NO. | | 9. WELL NO. #1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA T30N, R3W, Sec. 18 |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE NM |

RECEIVED

OCT 28 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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| (Other) | <input 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 notification as having completed the location site for the Jicarilla 459 #1 well. We will maintain a "CAT" on location for one day in-case of additional requirements by the BLM.

RECEIVED
OCT 30 1986
OIL & GAS DIV.
D.O. 8

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

| | | |
|--|---------------------------------|-------------------------|
| SIGNED <u>Kevin H. McLeod</u> | TITLE <u>Petroleum Engineer</u> | DATE <u>10/28/86</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY _____ | TITLE _____ | DATE <u>OCT 29 1986</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side

NM0007