Form 3160-5 (November 1983) (F

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18.

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

## UNITED STATES

SUBMIT IN TRIPLICATE. (Other instructions on re-

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

١.	LEASE	DESIGNATION	AND	SBELAL	NO

	DEPARTMENT OF BUREAU OF LAND	THE INTERIOR verse side) MANAGEMENT	Jic. Contract 457 6. IF INDIAN ALLOTTEE OR TRIBE NAME
-	SUNDRY NOTICES AND  (Do not use this form for proposals to drill or t  Use "APPLICATION FOR PER	Jicarilla Apache Tribe	
1.	OIL GAS X OTHER		7. UNIT AGREEMENT NAME
2.	NAME OF OPERATOR Robert L. Bayless		S. FARM OR LEASE NAME  Jicarilla 457
	P.O. Box 168, Farmington, NM 87		9. WELL NO. #1
4.	LOCATION OF WELL (Report location clearly and in acc See also space 17 below.) At surface	10. PIBLD AND POOL, OR WILDCAT Wildcat	
	1450' FSL & 1190' FWL	BUREAU OF LAND MANAGEME FARMINGTON RESOURCE ARE	
14.	THE STATE OF	(Show whether DF, RT, GR, etc.) 7154' GL; 7167' RKB	12. COUNTY OF PARISH 13. STATE Rio Arriba NM

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: WATER SHUT-OFF REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE

ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Amend APD's Csg. Program

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 sones pertinent to this work.) \*

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

Please consider the following notification as change of casing plans:

(from 9") 9-7/8" Size hole:

7-5/8", 26.4#/ft. (surface casing) Size Csg.:

6-3/4" (from 6-1/4")Size hole:

> DEC 16 1986 OIL CON. DIV.

18. I hereby certify that the foregoing of free and correct SIGNED WM 1.	TITLE	Petroleum Engineer	APPROVED
(This space for Federal or State office use)			DEC-1 5 1986
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE THE RELIEF
<b>~</b>		D 0.1	FEMAREA MANAGER

See Instructions on Reverse Side NMOCC