

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	5. Lease Designation and Serial No. Jicarilla Contract 463
2. Name of Operator Robert L. Bayless	6. If Indian, Allottee or Tribe Name Jicarilla Apache Tribe
3. Address and Telephone No. P.O. Box 168, Farmington, New Mexico 87499-0168 (505)326-2659	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1850' FNL & 790' FWL Sec. 25, T20N, R3W	8. Well Name and No. Jicarilla 463
	9. API Well No. 1
	10. Field and Pool, or Exploratory Area Undes, Ojo Alamo
	11. County or Parish, State Rio Arriba, New Mexico

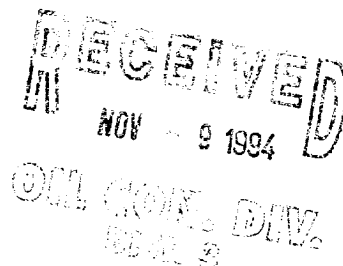
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Per the request of Ms. Pat Hester. Please see the attached Sundry Notice dated 10/28/92 also.



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

Signed <u>Price M. Bayless</u> (This space for Federal or State office use)	Title <u>Petroleum Engineer</u>	Date <u>10/03/94</u>
Approved by <u>Patricia M Hester</u> Conditions of approval, if any:	Title <u>Sol Chief, Lands and Mineral Resources</u>	Date <u>NOV 8 1994</u>

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

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 ☐ 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 1850' FNL & 790' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7208' RKB

Jicarilla Contract 463

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla 463

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Undes. Ojo Alamo

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Section 25, T30N, R3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

See Attached Daily Report

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

SIGNED Price M. Bayless
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 10-28-92

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side