

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	3. 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 1450' FSL & 1450' FWL	8. FARM OR LEASE NAME Jicarilla 458
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 7044' GL 7056' RKB	10. FIELD AND POOL, OR WILDCAT East Blanco P.C.
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Section 8, T30N, 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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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) APD extension request <input checked="" type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

19. 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.)\*

We request a six-month extension of time on the currently approved APD due to expire on 3/19/90.

RECEIVED

MAR 26 1990

SEP 19 1990 OIL CON. DIV  
ST. 3

THIS APPROVAL EXPIRES

I hereby certify that the foregoing is true and correct

SIGNED

Kevin H. McCord

TITLE

Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY

TITLE

NMOOD,

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

3/7/90

DATE

MAR 19 1990

Ken Townsend

FARMINGTON, NEW MEXICO

\*See Instructions on Reverse Side