

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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. NAME OF OPERATOR  
Robert L. Bayless

2. ADDRESS OF OPERATOR  
P.O. Box 168, Farmington, NM 87499

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below)  
At surface 1658' FNL & 1901' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RT, GR, etc.)  
7074' GL 7086' RKB

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 459

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 459

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

East Blanco P.C.

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 18, T30N, R3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRAC TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

CHANGE WELL

CHANGE PLAN\*

Swab test

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC 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.\*

We propose setting a bridge plug above Pictured Cliffs perforations and perforating the Ojo Alamo from 3124 ft. to 3160 ft. We will then acidize perforations with 500 gallons 7 1/2% HCL acid and swab test for evaluation.

RECEIVED  
MAR 29 1989  
OIL CON. DIV.  
DIST. 3

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

SIGNER

Price M. Bayless

TITLE Engineer

DATE 3/15/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side