

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.)

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 1658' FNL & 1901' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, 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

Undes. Ojo Alamo

11. SEC., T., R., M., OR BLK. AND
SUBST 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 ☐

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) production info ☒

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 perti-
nent to this work;*)

To provide additional production information for Item 33 on Well Completion
Report submitted 4/21/89:

Date of Test - 4/19/89 to 4/26/89

Hours Tested - 7 days

Choke size - 1/2"

Tubing Pressure - 92

Casing Pressure - 695

Gas (calc. 24-hr. rate) - 553 MCFD

RECEIVED
JUL 25 1989
OIL CON. DIV.
DIST. 3

CONFIDENTIAL

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

SIGNED

Kevin H. McCord

TITLE

Petroleum Engineer

DATE

7/13/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUL 20 1989

FARMINGTON RESOURCE AREA

NMOCD

*See Instructions on Reverse Side

BY KCH