

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FORM APPROVED
Budget: Bureau No. 1004-0135
Expires: March 31, 1993

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.

5. Lease Designation and Serial No.

SF-080247-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

ROBERT L. BAYLESS, PRODUCER LLC

3. Address and Telephone No.

PO BOX 168 FARMINGTON, NM 87499 (505)326-2659

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

590 FSL & 1750 FEL
SECTION 26, T29N, R9W

8. Well Name and No.

A.B. GEREN #7

9. API Well No.

30-045-29590

10. Field and Pool, or Exploratory Area

OTERO CHACRA EXT

11. County or Parish, State

SAN JUAN COUNTY, NM

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

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

CHANGE CASING PROGRAM TO READ AS FOLLOWS:

7" 23.0#/ft CASING IN 8 3/4" HOLE AT 120 FT 30sx CEMENT.
4 1/2" 10.5#/ft CASING IN 6 1/4" HOLE AT 3310 FT 340sx CEMENT.

Pressure Test @sg 600 #

RECEIVED
JUN 8 1998

OIL CON. DIV.
BLM

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

Signed [Signature]

Title ENGINEER

Date 5/29/98

(This space for Federal or State office use)

Approved by [Signature]

Title [Signature]

Date [Signature]

Conditions of approval, if any: