

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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. 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
860' FNL & 870' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
**BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA**

5. LEASE DESIGNATION AND SERIAL NO.
NM 25857

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hoover

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Basin Dakota Hualhillel PC

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T30N, R14W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

RECEIVED

JAN 30 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

- 12-20-85 Tried to blow well for cleanup for AOF. Tubing plugged.
- 1-23-86 Move in and rig up Bayless Rig 6. Nipple down wellhead. SDFN.
- 1-24-86 Tag sand fill with 1½" tubing @ 1233' RKB. Ten feet of P.C. perforations not covered with sand. Trip out of hole with 1½" tubing. Well blowing, making a lot of sand. 1½" tubing plugged with RCN ball sealers in seating nipple and sawtooth collar. Trip in hole with 1½" tubing. Tag sand fill @ 1243' RKB. Upper P.C. perforations open (1223-1236), lower P.C. perforations covered with sand fill (1254-1259). Trip out of hole with tubing. Landed 1½" tubing as follows:

<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>DEPTH</u>
KB to landing point	9.00	0-9
1½" I.J. sub	2.00	9-11
1½" I.J. X 1½" EUE Xover	.50	11-12
38 jts 1½" 2.4#/ft J-55 EUE used tubing	1214.87	12-1226
1 1½" seating nipple	.50	1226-1227
1 4' 1½" perforated sub	4.05	1227-1231
	<u>1230.92</u>	

Nipple up wellhead. Shut in well. Released rig.

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

SIGNED Kevin A. McCarl TITLE Petroleum Engineer

RECEIVED
FEB 27 1986
OIL CON. DIV.
DATE 1-30-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

ACCEPTED FOR RECORD

FEB 20 1986

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC