

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract 362	
2. NAME OF OPERATOR Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
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 1550' FSL & 890' FEL		8. FARM OR LEASE NAME Jicarilla 362 B	
14. PERMIT NO.		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6891' G.L.		10. FIELD AND POOL, OR WILDCAT Ballard P.C.	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., OR BLK. AND SUBVY OR AREA Sec. 7, T23N, R4W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

RECEIVED

APR 19 1985

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE 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) <u>T.D. well</u>	
(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.)\*

4-17-85 Drilling @ 1900'. W.L. 7.0, Wt. 8.9, Visc. 30. 1° @ 1200', 1½° @ 1630'

4-18-85 T.D. well @ 4:00 a.m. @ 2620' Mud Wt. 9.1; Visc. 52; W.L. 6.2. Deviation 1½° @ 2065'.

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

SIGNED <u>Robert L. Bayless</u>	TITLE <u>Operator</u>	DATE <u>4-19-85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side