

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☒ well ☐ other

2. NAME OF OPERATOR  
Robert L. Bayless

3. ADDRESS OF OPERATOR  
P.O. Box 1541, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1850' FNL & 1850' FEL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
Contract 392

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla 392

9. WELL NO.  
B-1

10. FIELD OR WILDCAT NAME  
Ballard Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 27, T23N, R4W

12. COUNTY OR PARISH  
Sandoval

13. STATE  
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7030' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

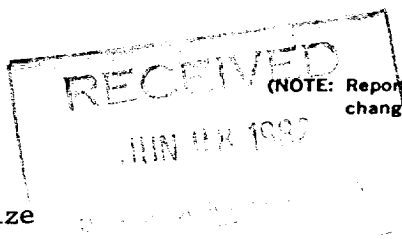
PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) Change Surface Hole & Csg. Size



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Will change surface hole and casing size as follows:

from 12-1/4" hole to 9" hole;  
from 8-5/8" casing to 7", 23# casing.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Kevin H. McCloud TITLE Engineer DATE June 8, 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED FOR RECORD

\*See Instructions on Reverse Side

NMOCC

BY sm