

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-40636
2. Name of Operator Robert L. Bayless	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 168 Farmington, NM 87499 (505) 326-2659	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FNL & 1650' FWL Sec. 13, T24N, R2W Unit F	8. Well Name and No. Oso Canyon Com C #1
	9. API Well No. 30-039-23604
	10. Field and Pool, or Exploratory Area Gavilan Mancos
	11. County or Parish, State Rio Arriba, 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 type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other see below
	<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.)*

We are requesting low flow measurement approval on the above well.

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14. I hereby certify that the foregoing is true and correct.		
Signed <u>[Signature]</u>	Title <u>Petroleum Engineer</u>	Date <u>6-22-95</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title <u>Chief, Lands and Mineral Resources</u>	Date <u>OCT 2 1995</u>
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

OPERATOR

ROBERT L. BAYLESS
LOW VOLUME WELL INFORMATION

WELL: Oso Canyon Com C #1
LOCATION: T24N R2W, Sec 13, Unit F
API NUMBER: 30-039-23604
LEASE: NM-40636
POOL: Gavilan Mancos
METER NUMBER: 92-085

MEASUREMENT METHOD: Agreed Volume

ESTABLISHED OR AGREED
DAILY PRODUCING RATE: 4.00 Mcfd

GAS TRANSPORTER: El Paso Natural Gas

LAST 12 MONTHS PRODUCTION HISTORY:

	Oil (Bbls)	Gas (Mcf)	Water (Bbls)	Prod Days
MAY 94	0	50	1	6
JUN 94	0	2	1	0
JUL 94	0	0	1	0
AUG 94	0	0	1	12
SEP 94	0	21	1	9
OCT 94	0	21	1	3
NOV 94	0	49	1	30
DEC 94	0	25	0	5
JAN 95	0	20	0	31
FEB 95	0	18	2	28
MAR 95	0	18	1	31
APR 95	0	4	1	30
12 Month Total	0	228	11	185
12 Month Average		1.23	Mcfd	

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FILE 8