

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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
990' FSL & 900' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
6990' GL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
Contract #452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla 452

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
E. Blanco P.C. Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T29N, R3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

RECEIVED

MAY 05 1986

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)*

To amend APD dated 1-23-86 as follows:

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
8-3/4"	7"	25#	100'	165 ft. ³ Class B circ. to surface
4-3/4"	3-1/2"	9.3#	3950'	225 ft. ³ to cover Ojo Alamo Top

Will drill 8-3/4" surface hole to 100 ft. and set 100 ft. of 7" 24#/ft. J-55 csg. w/165 ft.³ cement circulated to surface. Drill 4-3/4" hole to 3950 ft.. Run induction and density logs and if well appears productive, will run 3950 ft. of 3-1/2" 9.3#/ft. J-55 csg and cement w/225 ft.³ of make sure Ojo Alamo top is covered.

ESTIMATED TOPS: Ojo Alamo - 3320'
Fruitland - 3580'
Pictured Cliffs - 3730'
T.D. - 3950'

RECEIVED
MAY 07 1986

OIL CON. DIV.
DIST. 3
5/2/86

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Engineer

DATE

5/2/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMCC

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Contract #452
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 990' FSL & 900' FEL	8. FARM OR LEASE NAME Jicarilla 452
	9. WELL NO. #1
	10. FIELD AND POOL, OR WILDCAT E. Blanco P.C. Ext.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T29N, R3W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6990' GL	13. STATE NM

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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OIL CON. DIV.
DIST. 3/2/86
DATE

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

SIGNED Robert L. Bayless TITLE Engineer

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side