

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"/>	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	15. ELEVATIONS (Show whether above or below ground) 6990' GL
14. PERMIT NO.				
15. ELEVATIONS (Show whether above or below ground) 6990' GL				

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
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RECEIVED

MAY 13 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. 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"/>
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"/>	

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.) *

Spud well at 7:00 p.m. 5/12/86. Drilled 108 ft. of 6-3/4" surface hole. Ran 3 jts. of 5-1/2", 14#/ft., J-55 used casing (99.35 ft.) and set at 106 ft. RKB. Rigged up Dowell. Cemented surface with 20 sx Class B cement with 3% CaCl₂. Good circulation throughout job. Circulated cement to the surface. Plug down at 2:00 a.m. 5/13/86. WOC.

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MAY 19 1986
OIL CON. DIV.
DIST. 3

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

SIGNED Kevin H. McQuinn TITLE Petroleum Engineer

DATE 5/13/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side