

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 ☐ 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, RT, 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 08 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 <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 checked="" 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.) \*

Please consider this request to change the surface casing program as follows:

Will drill 100 feet of 6-3/4" surface and set 100 feet of 5 1/2" 15.5#/ft J-55 casing and cement with 35 ft<sup>3</sup> Class B cement circulated to surface (will use 5 1/2" surface casing instead of the 7" casing previously requested).

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MAY 12 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature] TITLE Operator

DATE 5-7-86

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

NMOCC