

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION
RECEIVED

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

90 JUL 9 AM 10 02

Operator Robert L. Bayless	Well API No.
Address P.O. Box 168, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective 7-1-90	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name John S. Dashko	Well No. 1	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee	Lease No. NM03010
Location Unit Letter <u>I</u> : <u>2510</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>11</u> Township <u>24</u> North Range <u>7</u> West, <u>NMPM</u> , Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Gary Williams Energy Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? I 11 24N 7W yes

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Robert L. Bayless Operator
Printed Name Robert L. Bayless Title
Date 6/22/90 Telephone No. 505/326-2659

OIL CONSERVATION DIVISION

Date Approved JUL 2 1990

By David J. Shuf
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Formal 10-01-83
Page 1

Operator Robert L. Bayless	
Address P.O. Box 168, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective Date: 12/10/87	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dashko, John S.	Well No. 1	Pool Name, including Formation Devils Frok Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NMO3010
Location				
Unit Letter I	: 2510	Feet From The South Line and	790	Feet From The East
Line of Section 11	Township 24N	Range 7W	N.M.P.M.	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

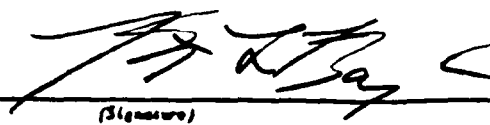
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

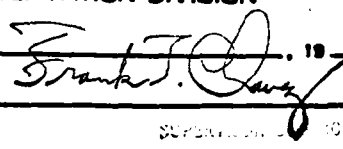
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

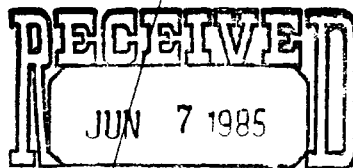
hereby certify that the rules and regulations of the Oil Conservation Division have
been complied with and that the information given is true and complete to the best of
my knowledge and belief.


(Signature)
Operator
(Title)
12/11/87
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19
BY 
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply
completed wells.



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
SANTA FE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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	GAS
OPERATOR	
OPERATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Robert L. Bayless

Address
P.O. Box 168, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☒ Oil
☐ Gashead Gas

Other (Please explain)
Effective June 1, 1985

☐ Dry Gas
☐ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name John S. Dashko	Well No. 1	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03010
Location Unit Letter I : 2510 Feet From The South Line and 790 Feet From The East Line of Section 11 Township 24N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

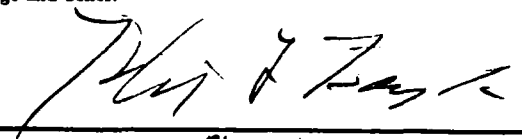
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Mancos Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1254, Farmington, NM 87499					
Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

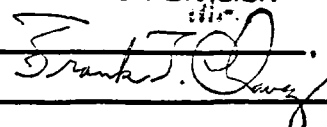
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Operator
(Title)
May 13, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED  1985
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

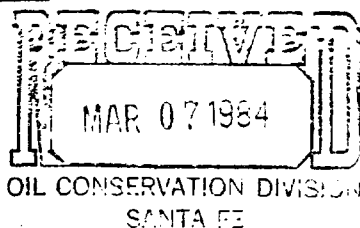
EL PASO NATURAL GAS COMPANY
POST OFFICE BOX 990
FARMINGTON, NEW MEXICO

NOTICE OF GAS CONNECTION

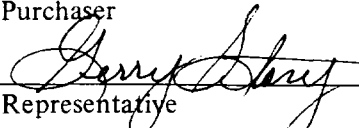
DATE March 1, 1984

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR PURCHASE OF

GAS FROM <u>R. L. Bayless</u>		<u>John S. Dashko #1</u>	
Operator		Well Name	
<u>94-860-01</u>	<u>72754-02</u>	<u>I</u>	<u>11-24-7</u>
Meter Code	Site Code	Well Unit	S-T-R
<u>Devils Fork Gallup</u>		<u>El Paso Natural Gas Company</u>	
Pool		Name of Purchaser	

WAS MADE ON February 10, 1984
DateFIRST DELIVERY February 11, 1984
DateAOF 19 BOPDCHOKE 73El Paso Natural Gas Company

Purchaser


Representative

Title

cc: Operator Farmington
Oil Conservation Commission - 2
~~Production~~ - El Paso Production Control
Contract Administration
File

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Robert L. Bayless

3. ADDRESS OF OPERATOR
P.O. Box 1541, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL & 790' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE

NM 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 11, T24N, R7W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6899' G.L.

(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.)*

9-19-83 Rigged up Smith Energy Services. Pressure tested casing to 4000 psi. Held OK for 5 minutes. Rigged up Geosource Wireline. Ran GR-CLL from 6100-5600'. Perforated lower Gallup interval with 3-1/8" casing gun with 2JSPF as follows:

5956-5970' 14' 28 holes (.35" diameter)

Tripped tubing in the hole. Set tubing at 5970'. Spotted 100 gallons of 7 1/2% D.I. HCL acid. Moved tubing to 5667'. Broke down perforations immediately. Established rate of 5.2 BPM @ 3200 psi, ISIP=850 psi. Pumped spot acid in formations. SDFN.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Operator DATE September 28, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 04 1983

NMOCG

FARMINGTON RESOURCE AREA
BY _____

****AMENDED REPORT****

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR

Operator: Robert L. Bayless

Address: P.O. Box 1541, Farmington, NM 87499

Reason(s) for filing (Check proper box):

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☒

Other (Please explain): 800 Rio Grande Blvd, NW Suite 100 Albuquerque NM 87104

If change of ownership give name and address of previous owner: Delta Resources, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>John S. Dashko</u>	<u>#1</u>	<u>Devils Fork Gallup</u>	<u>State, Federal or Fee Federal</u>	<u>NM03010</u>
Location				
Unit Letter	<u>I</u>	<u>2510</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u>		
Line of Section	<u>11</u>	Township <u>24 North</u> Range <u>7 West</u> , NMPM, <u>Rio Arriba</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corp</u>	<u>P.O. Box 1702 Farmington NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492, El Paso, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>I 11 24N 7W No</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>12-13-80</u>	<u>11-14-83</u>	<u>7000</u>	<u>6481</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>6899 GL</u>	<u>Gallup</u>	<u>5766</u>	<u>6028</u>					
Perforations	TUBING, CASING, AND CEMENTING RECORD			Depth Casing Shoe				
<u>5766-5970</u>				<u>6958</u>				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>11-14-83</u>	<u>11-30-83</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs.</u>			<u>1/2" IVD</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>19</u>	<u>1 (load)</u>	<u>73 MCF</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			<u>60.8</u>
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Operator
(Title)
12-5-83
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1, 1983
BY [Signature]
TITLE [Signature]

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

NM 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Devils Fork Gallu $\frac{1}{2}$ 11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 11, T24N, R7W

12. COUNTY OR
PARISH

Rio Arriba

13. STATE

New Mexico

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐b. TYPE OF COMPLETION:
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ Other ☐

2. NAME OF OPERATOR

Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 1541, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2510' FSL & 790' FEL

At top prod. interval reported below same

At total depth same

14. PERMIT NO.
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

DATE ISSUED

DEC 01 1983

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.)

12-13-80

12-23-80

11-14-83

18. ELEVATIONS (OF, REB, RT, GR, ETC.)*

6910' KB

19. ELEV. CASINGHEAD

6899' GL

20. TOTAL DEPTH, MD & TVD

7000'

21. PLUG, BACK T.D., MD & TVD

6481'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5766-5774', 5814-5828', 5834-5838', 5846-5858', 5956-5970'
total of 51' and 66 holes, 28 holes between 5956-5970'25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-CLL

27. WAS WELL CORED

no

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	335'	12 1/4"	140 ft ³ 50-50 B/poz 6+2% D-20 gel + 6 1/2 #/s	
				D-24 gilsonite + 2% S-1 CaCl ₂ , circ. surf	
4-1/2"	10.5#	6958	7-7/8"	889 ft ³ 50-50 b/poz 6 + 2% D-20 2nd stage	
(OLD WORK)				95 ft ³ 50-50 b/poz 6 + 2% D-20	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	6028	

31. PERFORATION RECORD (Interval, size and number)

5766-5774	8'	
5814-5828	14'	
5834-5838	4'	Total 52'
5846-5858	12'	Total 66 holes
5956-5970	14'	

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6908-5922	59 ft ³ Class B-squeezed off perf
5956-5970'	250 gal wghtd 15% HCL w/40 ball
	29,000 gal 75 quality foam 2% KC
	1 gal/1000 surfactant (cont. on bac

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
11-14-83	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
11-30-83	24	1/2	→	19	73	1 (load)	3842

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
		→	19	73	1 (load)	45

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

vented, to be sold upon pipeline connection

TEST WITNESSED BY

K.H. McCord

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Operator

DEC 08 1983

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

BY

smv

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

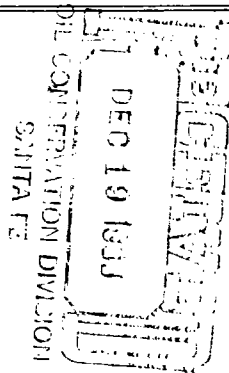
Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	1780	1932	Water	Ojo Alamo	1780'	
Pic. Cliffs	2420	2500	Natural gas, water	Pic. Cliffs	2420'	
Gallup	5730	6002	Oil, Natural gas	Gallup	5730'	
Dakota	6715	6980	Oil, Water	Dakota	6715'	
32. (cont.)						
5766-5858			<p>1/2 gal/1000 clay stabilization agent + 42,000 lbs of 20-40 sand</p> <p>150 gal 7 1/2% D.I. HCL acid. 750 gals</p> <p>15% HCL weighted acid w/57 l.l s.g.</p> <p>RCN ball sealers. 52,666 gals 75</p> <p>quality foam w/2% KCL water, 1/gal./</p> <p>1000 surfactant, 1/2 gal/100 clay</p> <p>stabilization agent and 76,000 lbs</p> <p>20-40 sand</p>			



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 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL & 790' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Run rods & pump

SUBSEQUENT REPORT OF:

- ☐
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RECEIVED

OCT 31 1983

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
NM 03010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
John S. Dashko
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Devils Fork Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T24N, R7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6899' G.L.

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.)*

See attached sheet.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Operator DATE 10-31-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

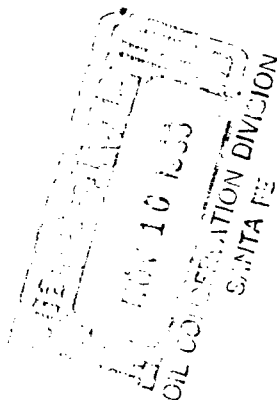
NOV 07 1983

*See Instructions on Reverse Side

10001

FARMINGTON RESOURCE AREA

BY [Signature]



10-31-83 Moved in, rigged up Bayless Rig 4. Tripped in the hole with pump and rods. Found tight area in tubing @ 947'. Ran tubing broach and worked through tight spot in tubing. Ran pump and rods and landed as follows:

<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>DEPTH</u>
KB to landing point	8.00	0-8
1½" X 11' polished rod with liner (4' out)	4.00	8-12
¾" pony rod	2.00	12-14
80 ¾" Patco scraped rods	2000.00	14-2014
40 5/8" Patco scraped rods	1000.00	2014-3014
78 5/8" plain rods	1950.00	3014-4964
40 ¾" plain rods	1000.00	4964-5964
2" X 1-1/16" X 14' pump (bottom hold down)	14.00	5964-5978
	<u>5978.00</u>	

(NOTE: Pump appears to be landed 14 feet above seating nipple. This 14 feet is probably rod stretch, or error in tubing measurement.

Released rig.

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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL & 790' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Set tubing.	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE
NM 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
John S. Dashko

9. WELL NO.
#1

10. FIELD OR WILDCAT NAME
Devils Fork Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 11, T24N, R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
*6899' G.L.

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

SEP 26 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

SEE ATTACHED SHEET.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert L. Bayless TITLE Operator DATE September 26, 1983
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

SEP 30 1983

*See Instructions on Reverse Side

NMOC

FARMINGTON RESOURCE AREA
BY Sm

9-22-83 Well flowing light mist of oil with gas to the frac tank. Recovered 26 bbls of fluid overnight (oil cut unknown). Tripped in the hole with retrieving head on 2-3/8" tubing. Tagged sand fill @ 5863 ft. Tried to establish circulation with water, formation taking too much water to circulate. Rigged up the Western Co. for foam clean out. Circulated 77 ft of sand out of hole with foam to top of bridge plug. Could not latch on to plug. Pulled 10 stand of tubing. SDFN.

9-23-83 Well flowed 40 bbls of fluid into frac tank overnight. Ran 10 stands of tubing back to bottom. Cleaned 4 ft. of sand off bridge plug by reverse circulation with nitrogen. Still could not retrieve plug. Tripped tubing out of hole. Tripped in the hole with overshot. Retrieved bridge plug with overshot. Tripped out of hole. Tripped in the hole, checked for sand fill to 6150'. Casing clear of sand. Landed tubing as follows:

<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>DEPTH</u>
KB to landing point	11.00	0-11
192 jts. 2-3/8" J-55 EUE		
4.7#/ft. used tubing	5980.95	11-5992 1
seating nipple	.75	5992-5993 1
perforated sub	4.00	5993-5997 1
joint 2-3/8" (mud anchor)	30.35	5997-6027
bullplug	.50	6027-6028
	<u>6027.55</u>	

Nippled down BOP. Nippled up wellhead. Hooked up well to frac tank. Well flowing to tank overnight. SDFN.

9-24-83 Well died overnight. Tubing pressure 0 psi. Casing pressure 600 psi. Shut well in. Total fluid in frac tank - 5 bbls of oil, 60 bbls of water. Released rig.

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 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2510' FSL & 790' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

SEP 23 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE

NM 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Devils Fork Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 11, T24N, R7W

12. COUNTY OR PARISH | 13. STATE

Rio Arriba | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6899' G.L.

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.)*

Full report printed on back of sheet.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Operator DATE September 22, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

SEP 26 1983

FARMINGTON RESOURCE AREA

BY ESB

9-21-83

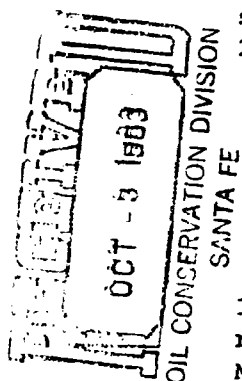
Rigged up Geosource Wireline. Ran junk basket in hole to check sand fill. Hole clean of sand to 6200'. Set Mountain States retrievable bridge plug @ 5940'. Filled hole with 2% KCL water. Pressure tested casing to 4000 psi. Held OK for 5 minutes. Perforated Upper Gallup interval with 3-1/8" casing gun and 1 JSPF as follows:

5766-5774	8'		
5814-5828	14'		
5834-5838	4'		
5846-5858	12'	Total 38'	38 holes (.35" diameter)

Tripped in the hole with 2-3/8" X 3" swedge. Spotted 150 gallons of 7 1/2% D.I. HCL acid over the perforation interval. Moved tubing to 5582'. Broke down perforations immediately. Established rate down tubing of 4.7 BPM @ 2850 psi, ISIP = 900 psi. Acidized the upper Gallup zone with 750 gallons of 15% HCL weighted acid containing 57 1.1 s.g. RCN ball sealers. Saw good ball action (600 psi pressure break). Balled off casing to 4000 psi. Bled off pressure for balls to fall. Established rate of 4.9 BPM @ 1900 psi, ISIP = 700 psi. Moved tubing to 5891 ft. Evacuated hole of fluid with nitrogen. Tripped tubing out of hole. Fracture stimulated upper Gallup interval with 52,666 gallons of 75 quality foam with 2% KCL water, 1 gal/1000 surfactant, 1/2 gal/1000 clay stabilization agent and 76,000 lbs of 20-40 sand as follows:

16,000 gallons of 75 quality foam pad	25 BPM @ 2900 psi
8,000 gallons of 1 ppg 20-40 sand	25 BPM @ 2900 psi
18,000 gallons of 2 ppg 20-40 sand	25 BPM @ 3000 psi
10,666 gallons of 3 ppg 20-40 sand	25 BPM @ 3100 psi
3,851 gallons of 75 quality foam flush	25 BPM @ 3150 psi

ISIP = 2650 psi, decreasing to 2550 psi after 15 minutes. Average rate 25 BPM. Average pressure 3000 psi. Maximum pressure 3150 psi. Minimum pressure 2900 psi. Average nitrogen rate 21,243 SCF/MIN. Total nitrogen pumped 1,179,075 SCF. Total load fluid to recover 421 bbls. Shut in well for 2 hours. Flowed well to the pit through 1/2" tap bullplug. Flowed well to frac tank overnight. SDFN.



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 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

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

SEP 21 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
NM 03010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
John S. Dashko
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Devils Fork Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T24N, R7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6899' G.L.

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.)*

See Attached Sheet

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE Operator DATE September 21, 1983
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

SEP 20 1983

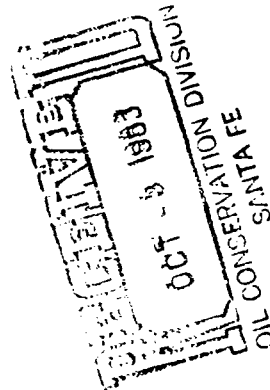
FARMINGTON RESOURCE AREA

BY *[Signature]*

9-20-83 Acidized down the tubing with 250 gallons of weighted 15% HCL acid containing 42 l.l s.g. RCN ball sealers. 4.5 BPM @ 2450 psi. Some action seen. Balled off casing to 4000 psi. Moved tubing to 6081'. Evacuated hole of fluid with nitrogen. TTOH. Fracture stimulated I Gallup interval with 29,000 gallons of 75 quality foam containing 2% KCL, 1 gal/1000 surfactant, 1/2 gal/1000 clay stabilization agent and 42,000 lbs of 20-40 sand as follows:

9,000 gallons of 75 quality foam pad	25 BPM @ 3150 psi
4,000 gallons of 1 ppg 20-40 sand	25 BPM @ 3100psi
10,000 gallons of 2 ppg 20-40 sand	25 BPM @ 3100 psi
6,000 gallons of 3 ppg 20-40 sand	25 BPM @ 3100 psi
3,977 gallons of 75 quality foam flush	25 BPM @ 3050 psi

ISIP - 2450 psi decreasing to 2400 psi after 15 minutes. Average rate 25 BPM. Average pressure 3100 psi. Maximum pressure 3200 psi. Minimum pressure 3050 psi. Average nitrogen injection rate 21,112 SCF/MIN. Total nitrogen pumped 633,783 SCF. Load fluid to recover 241 bbls. Shut in well for 2 hours, opened well through 1/4" tap bullplug to the pit. Flowed well to frac tank overnight. SDFN.



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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 1541

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2510' FSL & 790' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

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

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) Squeezed perfs ☐

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RECEIVED

SEP 19 1983

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

9-15-83 Move in rig up Bayless Rig 4. Lay steel flowline to frac tank. Nipple down wellhead. Nipple up BOP. Trip tubing out of hole. SDFN.

9-16-83 Trip in hole with Mountain States Oil Tool cement retainer. Set @ 6481' RKB. Rigged up Western Co. cement. Squeezed off Dakota perfs, (6908-6922') w/59 ft³ Class B cement. Stung out of retainer. Circ. hole clean with 2% KCL water with 1 gal/1000 surfactant and 1/2 gal/1000 clay stabilization agent. Tripped tubing out of hole. SDFN.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Operator DATE September 19, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 20 1983

FARMINGTON RESOURCE AREA

BY [Signature]

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

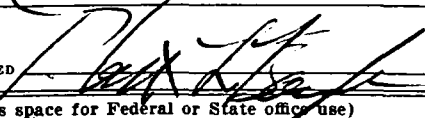
1a. TYPE OF WORK DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 03010
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Robert L. Bayless		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, NM 87499		8. FARM OR LEASE NAME John S. Dashko
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.) At surface 2510' FSL & 790' FSL At proposed prod. zone same		9. WELL NO. #1
10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)		10. FIELD AND POOL, OR WILDCAT Devils Fork Gallup Assoc.
11. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T24N, R7W
12. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		12. COUNTY OR PARISH 13. STATE Rio Arriba NM
13. NO. OF ACRES ASSIGNED TO THIS WELL 800		14. NO. OF ACRES ASSIGNED TO THIS WELL 160 320
15. PROPOSED DEPTH 7000		16. ROTARY OR CABLE TOOLS Rotary
17. ELEVATIONS (Show whether DF, RT, GR, etc.) 6899' GL		18. APPROX. DATE WORK WILL START* ASAP
19. DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED GENERAL REQUIREMENTS CEMENTING PROGRAM		20. This action is subject to administrative appeal pursuant to 30 CFR 290.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8-5/8"	24#/ft.	335'	89 ft ³ Class B
7-7/8"	4 1/2"	10.5#/ft.	6958'	882 ft ³ 50-50 pozmix + 2% gel.

We propose to plug the Dakota interval in this well and recompleate in the Gallup interval. The existing Dakota perforation are 6908-6922' RKB. We will plug and abandon the Dakota formation by setting a cement retainer at + 6500' and pumping 50 sacks of Class B cement to plug the Dakota. We will perforate, acidize and fracture stimulate the lower Gallup interval, 5956-5970' RKB and the upper Gallup interval, 5767-5868' to test the well for economic producibility.

Change in Ownership from Vista Resources

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED 	TITLE Operator	DATE July 20, 1983
(This space for Federal or State office use)		
PERMIT NO. _____	APPROVAL DATE _____	
APPROVED BY _____	TITLE _____	DATE AUG 10 1983
CONDITIONS OF APPROVAL, IF ANY:		

Orlan D. Hiner
AREA MANAGER
FARMINGTON RESOURCE AREA

OIL CONSERVATION DIVISION

P. O. BOX 2088

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

SANTA FE, NEW MEXICO 87501

Form C-107
Revised 10-1-7

All distances must be from the outer boundaries of the Section.

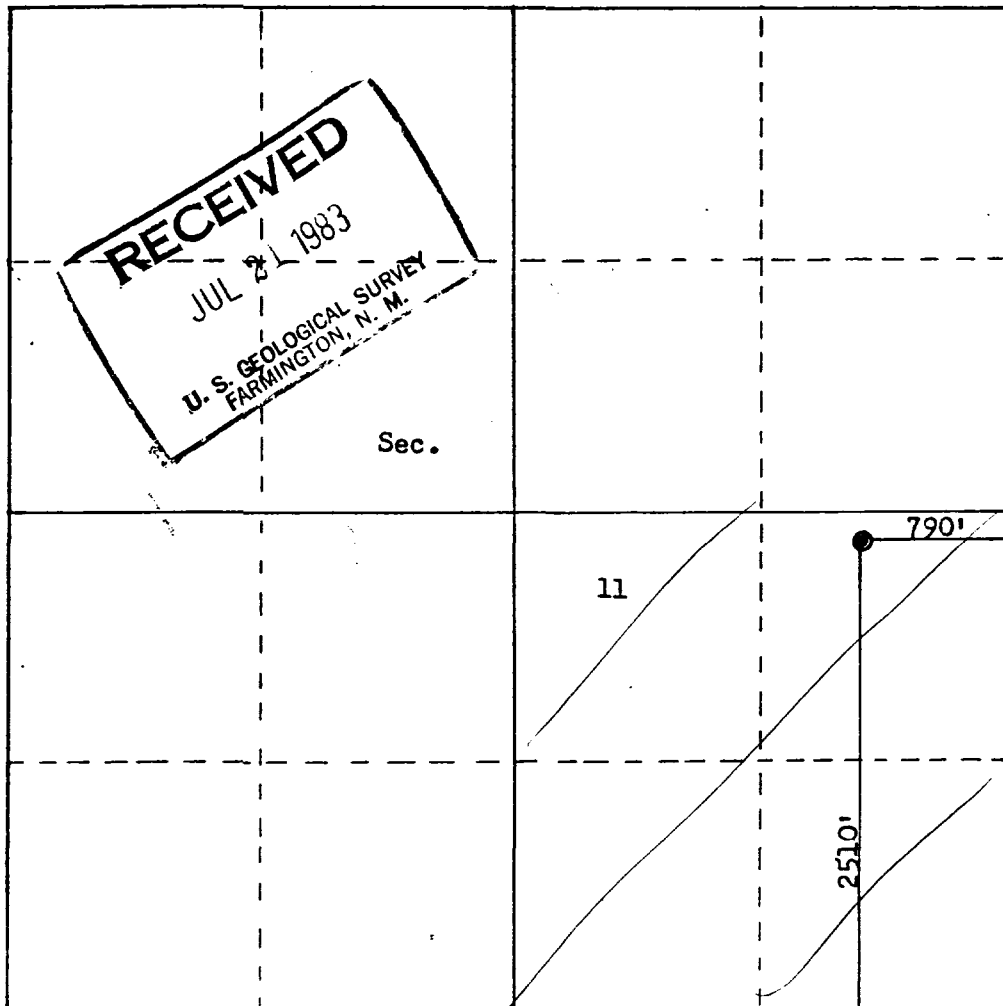
Operator Robert L. Bayless			Lease John S. Dashko		Well No. #1
Unit Letter J	Section 11	Township 24N	Range 7W	County Rio Arriba	
Actual Footage Location of Well: 2510 feet from the South line and 790 feet from the East line					
Ground Level Elev. 6899	Producing Formation Gallup	Pool Devils Fork Gallup Assoc.		Dedicated Acreage: 320 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



Scale: 1"=1000'

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name

Robert L. Bayless

Position

Owner

Company

Robert L. Bayless

Date

July 20, 1983

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

7-19-83Registered Professional Engineer
and Land Surveyor**Fred E. Kerr Jr.**Certificate No. **3950**

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR
VISTA RESOURCES, INC.

3. ADDRESS OF OPERATOR Alb. N.M.
800 Rio Grande Blvd. N.W. Ste. 10 -87104

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

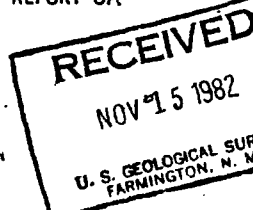
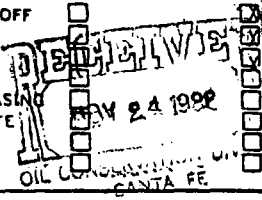
PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐



Fed. N.M. 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY AREA

Sec. 11, T. 24 N., R. 7W

12. COUNTY OR PARISH

Rio Arriba

14. API NO.

6912' KB

15. ELEVATIONS (SHOW DF, KDB, AND

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location measured and true vertical depths for all markers and zones pertinent to this work.)

8/6/82

SITP = 20 psig

SICP = 30 psig

FL @ 3500 feet

Swabbed down to 6400 feet at end of day. Oil cut from 8% to 3%. Swabbed total of 94 bbls fluid. Csg. press. increased from 30 psig to 50 psig. SION

8/7/82

SITP = 20 psig

SICP = 95 psig

FL @ 5000 feet

Swabbed down to 6750 at end of day. Csg. press. increased to 100 psig at noon. Total swabbed 33 bbls. Shut in.

Shut in.

8/8/82

SITP = 20 psig

SICP = 140 psig

FL @ 4000 feet

Made two swab runs.

First run mostly oil and second run mostly water. CP decreased to 130 psig. Released swabbing unit. Total fluid recovered since treatment while flowing and swabbing is 1085 + bbls.

Shut well in.

8/9/82

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED L. D. GRITZ

TITLE Sec. - Treas.

DATE 11/10/82

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY.

TITLE

DATE

ACCEPTED FOR RECORD

NOV 18 1982

NMOC

FARMINGTON DISTRICT

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

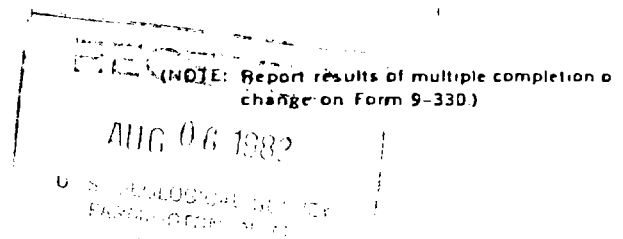
SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
VISTA RESOURCES, INC.
3. ADDRESS OF OPERATOR Alb. N.M.
800 Rio Grande Blvd. N.W. Ste. 10 -87104
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
Fed. N.M. 03010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA
7. UNIT AGREEMENT NAME
None
8. FARM OR LEASE NAME
John S. Dashko
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY AREA
Sec. 11, T 24 N, R7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND
6912' KB

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) ☐ ☐



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent c including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location: measured and true vertical depths for all markers and zones pertinent to this work.)*

5/29/82

Perforated in casing w/carrier gun w/respect to CNL/FDC as follows:

Interval	Footage	Holes
6908-1400	3	12
6913-1400		4
6916-2011		16
Total		32

Ran 12' Stressfrac tool and performed treatment on intervals perforated above. Ran tubing open ended. Swabbed FL down and swabbed dry. SDON.

5/30/82

SITP & SICP = 0 psig.
Ran swab and had no fluid entry. Loaded hole w/2% KCl water and POOH.
Ran CIBP on wireline and set same @ 6935'. Ran tubing and packer. Rigg up Dowell. Spotted 750 gal. 15% HCl w/inhib & surf. Pumped @ 3/4 BPM @ 2800 psig. Rate increased to 1 1/3 BPM @ 2850 psig. Overflushed w/2 E KCl water. Final pump pressure = 2850 psig. ISDP = 2500 psig. 5 min. 2300 psig. 10 min. = 2200 psig. Job complete 5:20 p.m. 5/29/82. SI ar SD for Sunday & Monday.

REMEDIAL REPORT

6/2/82

Released and pulled rental packer with failed rubbers. Ran retrievable packer on tubing to 6850 and set same. Swabbed tubing down and swabbed dry. No entry from perfs at end of day. SDON. Note: Very high winds and blowing sand all day. Prep to acidize perfs again this a.m.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED C. D. GRITZ TITLE Sec. - Treas. DATE 8/4/82
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY.

NMOCC

AUG 10 1982

FARMINGTON DISTRICT

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

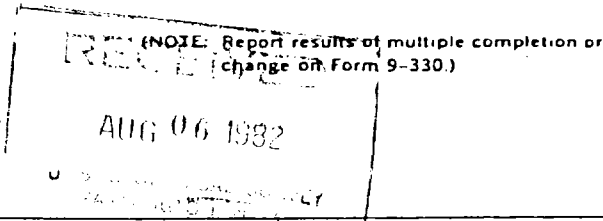
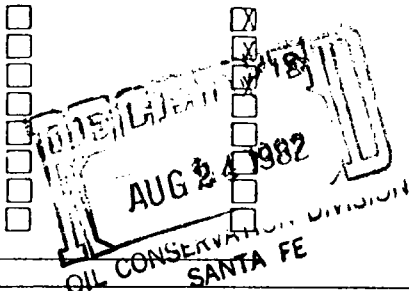
SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☐ gas ☒ other
2. NAME OF OPERATOR
VISTA RESOURCES, INC.
3. ADDRESS OF OPERATOR Alb. N.M.
800 Rio Grande Blvd. N.W. Ste. 10 -87104
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐



5. LEASE Fed. N.M. 03010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
7. UNIT AGREEMENT NAME None
8. FARM OR LEASE NAME John S. Dashko
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY AREA Sec. 11, T 24 N, R7W
12. COUNTY OR PARISH Rio Arriba 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND) 6912' KB

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*

REMEDIAL REPORT

5/25/82 Prep to move in Flint Engineering completion rig this p.m.
5/26/82 Moved in and rigged up Flint rig yesterday p.m. Blew down pressure on well. Nippled down wellhead. Installed BOP and started pulling tubing. SDON.
5/27/82 Finished trip out. Picked up retrievable packer. Tripped in and set same @ 6612 feet. Hooked up Dowell. Established inj. rate of 2 1/2 BPM @ 2250 psig. Mixed and pumped 150 sx C1 B cement w/0.6% D60 (slurry volume 31 bbls. Wt. 15.6 ppg. Yield = 1.18 cuft/bbl). Displaced total slurry below packer and shut down pump with final pressure @ 3000 psig. Waited 15 min. Pumped 1/2 bbl. and pressure increased to 3400 psig. Waited 15 min. and pumped 1/8 bbl. with pressure increase to 3750 psig. Waited 15 min. and bled to 0 psig. No flowback. Repressured to 4000 psig and held for 45 min. to end of pump time. Bled back to 0 psig. No flowback. Released packer and reversed out tubing volume (26 bbls.). POOH. Picked up 3 7/8" bit and casing scraper on tubing and tripped in to approx. 6000 feet. SDON.
5/28/82 Finished trip in with bit and scraper. Drilled out cement to top of retainer at 6940'. Circulated hole clean and displaced with 2% KCl wa Pressure tested casing and squeeze job to 2000 psig. Held okay. Pulled tubing and swabbed FL down to approximately 3000'. POOH. Rigged up Bell Petroleum Surveys wireline truck. Ran correlation log and SDON.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED C. D. GRITZ TITLE Sec. - Treas. DATE 8/4/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY.

AUG 10 1982

NMOCC

*See Instructions on Reverse Side

FARMINGTON DISTRICT

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
VISTA RESOURCES, INC.

3. ADDRESS OF OPERATOR Alb. N.M.
800 Rio Grande Blvd. N.W. Ste. 10 -87104

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2510' FSL 790' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other)

SUBSEQUENT REPORT OF:

☒
☒
☒
☐
☐
☐
☐
☐

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

AUG 16 1982

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)*

7/27/82

Rigged up Dowell. Frac treated down 4 1/2" csg as follows:

Gals.	Fluid	Prop	Conc(ppg)	Totals	Rate(BPM)	Pumping press. (
500	15% HCL				10	0
5000	2% HCL				10-15	0 - 2700
5000	YF4PSD(Pad)				21	
5000	YF4PSD	100mesh	2	10000	22	3200-2800
10000	"	20/40	1	10000	22	2700/2800
10000	"	20/40	2	20000	22	2700
10000	"	20/40	3	30000	22	2600

Flushed to perfs w/ 1% KCl.

Total fluid pumped 1192 BBLS.

Total sand : 10000 lbs 100 mesh

60000 lbs 20/40

Avg rate: 22 BPM

Max. press: 3300 psig

Avg press: 2800 psig

Final press: 2900 psig

ISDP: 2200 psig

15 min : 2150 psig

ONSITP = 1300 psig

Blew down pressure in 3 hours to run tbq. Ran tbq and reversed out 15 feet of sand below bottom perf. to CIBP @ 6935'.

Landed tbq w/SN @ 6850.

Removed BOP and nipped up wellhead. Started flowing full 2" stream of fluid to pit thru 3/4" choke wide open. Continued flowing throughout remainder of day.

Had flammable GTS during flow period. SION

7/28/82

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED C. D. GRITZ TITLE Sec. - Treas. DATE 8/4/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 10 1982.

*See Instructions on Reverse Side

NMOCQ

RV

FAIRMINGTON DISTRICT

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 ☐ gas ☒ other

2. NAME OF OPERATOR
VISTA RESOURCES, INC.

3. ADDRESS OF OPERATOR Alb. N.M.

800 Rio Grande Blvd. N.W. Ste. 10 -87104

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2510' FSL 790' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

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) ☐

AUG 24 1982
OIL CONSERVATION DIVISION
SANTA FE

RECEIVED
AUG 06 1982
FEDERAL BUREAU OF SURVEY
SANTA FE, N.M.

Fed. N.M. 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURV AREA

Sec. 11, T 24 N, R7W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND

6912' KB

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location measured and true vertical depths for all markers and zones pertinent to this work.)*

6/3/82

Hooked up Dowell. Pumped 750 gals. 15% HCl w/inhibitor and surfactant and 20 ball sealers. Acid on vacuum down tubing. Displaced w/40 bbls. total 2% KCl. Final pump pressure 2300 psig @ 5 BPM. Swabbed down and had flammable gas ahead of swab pulls. Recovered est. total of 35 t load and swabbed dry. S10N. Found FL this a.m. approx. 800' above SN. Pulled swab and had flammable gas ahead. Recovered dirty water on swab pull. Caught sample of recovered fluid for analysis. ND BOP and NU wellhead. Released and moved out Flint rig.

7/15/82

All equipment on location this a.m. to run pump in tracer survey. Expect to have survey completed this p.m.

7/16/82

Released all equipment due to wireline unit malfunction. Will resume operations Saturday a.m. to complete running survey.

7/17/82

Rigged up Bell Petroleum Surveys mast truck and wireline truck late yesterday p.m. Hooked up Dowell pump truck this a.m. to fill tubing and displace 2% KCl water. Ran base temperature log (no charge). Filled tubing w/8 bbls. and started pumping in @ 1/3⁺ BPM @ 2400 psig. Pumped total of 56 bbls. 2% KCl water (48 bbls. thru perfs) while running radio active tracer survey and differential temperature log (no charge). Bot surveys indicated all injected fluid entering perfs 6908-20 (gross inter with no movement above or below perforated interval. Job complete 3 p.m 7/17/82. Released all equipment.

7/26/82

Moved in Star rig and related equipment. Pulled 2 3/8 tbg. SDON.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED

C. D. GRITZ

TITLE Sec. - Treas.

DATE

8/4/82

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

AUG 10 1982

*See Instructions on Reverse Side

NMOC

BY

FARMINGTON DISTRICT

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed. N.M. 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 11, T 24 N - R 7 W

14. PERMIT NO.

December 9, 1980

15. ELEVATIONS (Show whether DE, RT, GR, etc.)

6899' GL

6912' KB

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

CHARGE WELL

CHANGE PLANS

(Other)

Conduct additional operationsX

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.)17. FUTURE 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 perti-
nent to this work.) *

Operations have been conducted on a fairly continuous basis since the filing of our last sundry notice. You have been supplied with our daily completion reports during the interim period.

We are presently planning to run a pump in tracer survey to determine if injected fluid enters only the perforated interval. This will be the first step in evaluating the feasibility of conducting a second frac treatment on the Dakota interval. We believe that the majority of the first treatment went out of zone.

ACCEPTED FOR RECORD

10 1981

FARMINGTON DISTRICT

BY

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

SIGNED

TITLE Secretary-Treasurer

DATE 9/11/81

(This space for Federal or State office use)

APPROVED BY OCT 05 1981
COMMISSIONER OF APPROVAL AND

TITLE

DATE

OIL CONSERVATION DIVISION
SANTA FE

*See Instructions on Reverse Side

M1000

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed. N.M. 03010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N / A

7. UNIT AGREEMENT NAME

None

8. FARM OR LEASE NAME

John S. Dashko

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T 24 N - R 7 W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL WELL
2. NAME OF OPERATOR
Vista Resources, Inc.
3. ADDRESS OF OPERATOR
800 Rio Grande Blvd. N.W., Suite 10, Albuquerque, N.M. 87104
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 2510' FSL 790' FEL (NESE) Section 11, T 24 N -R7 W
Rio Arriba County, New Mexico

14. PERMIT NO.

Dec. 9, 1980

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6899' GL

6912' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Setting Production Csg. ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Ran 173 jts 4 1/2", K-55, 10.5 ppf, ST&C, 8rd, R-3, csg. Shoe at 6958. Float collar at 6918. One centralizer on each of first six joints. Broke circulation and circulated for 20 minutes. Cemented first stage through shoe at 6958 w/700 sx Class B 50/50 litepoz 6 and 2% D-20. Plug down at 4 AM 12/27/80. Opened stage tool a 2050 and cemented second stage w/75 sacks Class B as shown above. PD 5 AM 12/27/80. Closed stage tool w/2000 psig. Good returns throughout. Set slips and released rig at 9 AM 12/27/80.

RECEIVED

JAN 2 1981

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

JAN 13 1981

OIL & GAS DIVISION
SANTA FE



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

SIGNED

TITLE Secretary-Treasurer

DATE 12/29/80

(This space for Federal or State office use)

APPROVED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 07 1981

FARMINGTON DISTRICT

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 1 Fed. N.M. 03010	
2. NAME OF OPERATOR Vista Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 800 Rio Grande Blvd. N.W., Suite 10, Albuquerque, NM 87104		7. UNIT AGREEMENT NAME None	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2510' FSL 790' FEL (NESE) Section 11, T 24 N - R 7 W Rio Arriba County, New Mexico		8. FARM OR LEASE NAME John S. Dashko	
14. PERMIT NO. Dec. 9, 1980		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6899' GL 6912' KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T 24 N - R 7 W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Setting Surface Csg. ☒

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

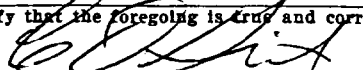
REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

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.)*

- 1) Spud 12 1/4" sfc. hole @ 1:45 p.m. 12/13/80
- 2) Ran 8 5/8", K-55, 24# casing in 12 1/4" hole and set @ 335' KB. Dowell cemented w/100 sx C1 B 50/50 litepoz 6 + 2% D-20 Gel + 6 1/4#/sk D-24 Gilsonite + 2% S-1 CaCl. Slurry wt. - 13.2 ppg, Yield - 1.32 cuft/sk. Water - 5.55 gal/sk. Tailed in w/100 sx C1 B Neat + 2% S-1 CaCl. Slurry wt. 15.6 ppg, Yield - 1.18 cuft/sk, Water - 5.2 gal/sk. Cement circulated. PD at 9:00 p.m. 12/13/80. WOC. Nippled up. Pressure tested casing w/rig pump to 800 psig for 30 min. Held okay.

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

SIGNED


C.D. Gritz

TITLE

Secretary-Treasurer

DATE

12/16/80

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

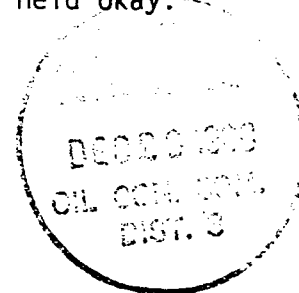
DEC 23 1980

BY

FARMINGTON DISTRICT

*See Instructions on Reverse Side

NMOCC



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Vista Resources, Inc.

3. ADDRESS OF OPERATOR

800 Rio Grande Blvd. N.W., Suite 10, Albuquerque, NM 87104

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

I 2510' FSL 790' FEL Section 11, T24N - R7W
At proposed prod. zone
Same Rio Arriba County, New Mexico

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

12 northeast from Nageezi, NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

790

16. NO. OF ACRES IN LEASE

800

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

900

19. PROPOSED DEPTH

7000'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6899' GL

22. APPROX. DATE WORK WILL START*

Dec. 1980

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24#	300'	200 sx (est.) Circulated
7 7/8"	4 1/2"	10.5#	7000'	300 sx (est.)

1. Proposed project is to drill a 7000' Dakota test.
2. Surface pipe will be set at 300 feet and cemented to surface. If the well is productive, 4 1/2" casing will be set at TD.
3. This will be considered the first well in the unit for purposes of the Natural Gas Policy Act category determination.
4. The gas is dedicated under a contract to El Paso Natural Gas Company.
5. A 3000 psig WP BOP with pipe and blind rams will be used during drilling.
6. Survey plat is attached.

This action is subject to administrative
appeal pursuant to 30 CFR 290.

DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLY WITH ATTACHED
"GENERAL REQUIREMENTS"

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITEL - Secretary-Treasurer

DATE 11/6/80

(This space for Federal or State office use)

AS AMENDED

PERMIT NO.

DEC 16 1980

APPROVED BY
CONDITIONS OFDEC 09 1980
JAMES F. SIMS
DISTRICT ENGINEER

OIL CO. TITLE SIGN

NMOCC

DATE

*See Instructions On Reverse Side

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-107
Revised 10-1-

All distances must be from the outer boundaries of the Section.

Lease John S. Dashko Federal NM03010		Well No. 1
Township 24N	Range 7W	County Rio Arriba
South line and 790 feet from the East line		
Producing Formation Dakota	Pool Basin Dakota	Dedicated Acreage 320 Acres

Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

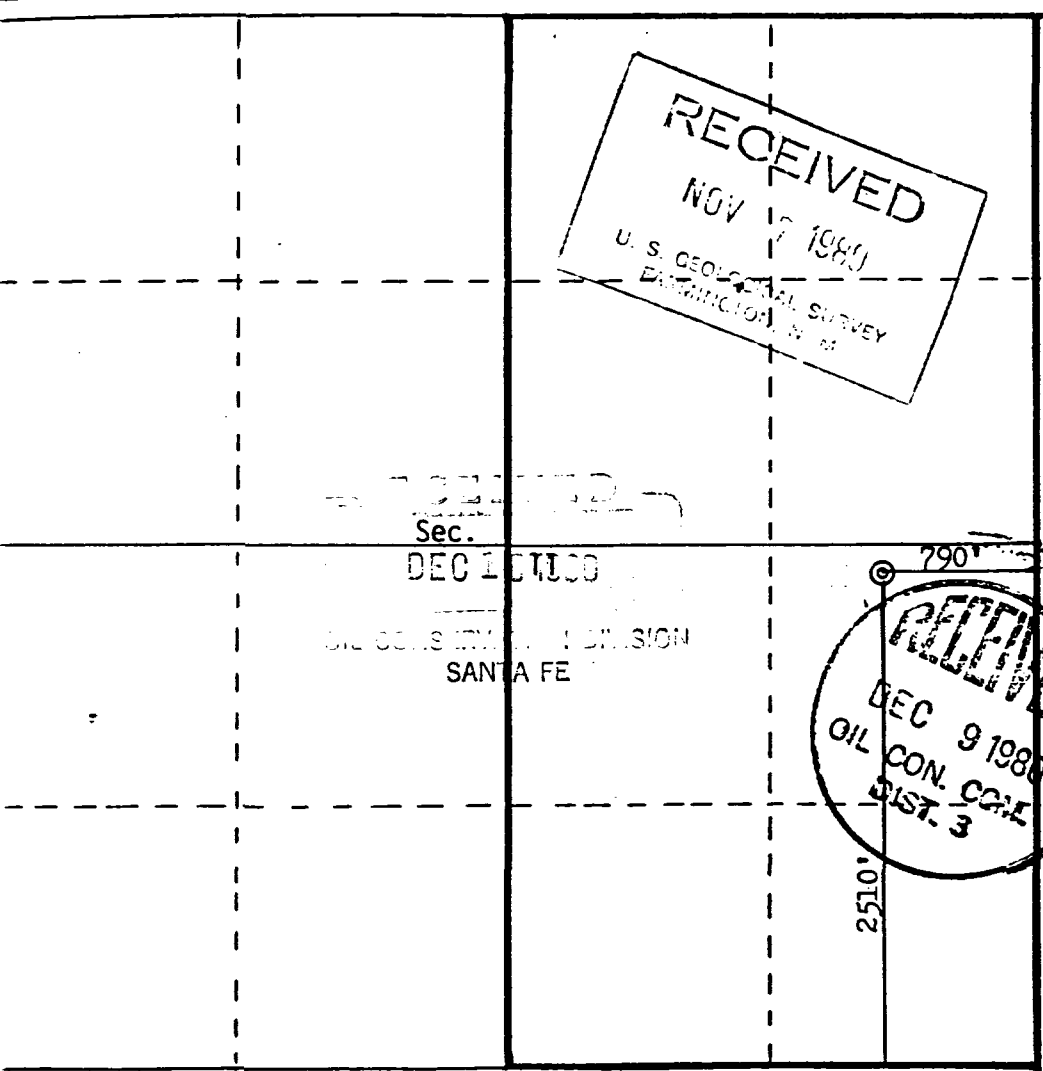
If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	Cecil D. Gritz
Position	Secretary-Treasurer
Company	Vista Resources, Inc.
Date	11/6/80
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
Date Surveyed	October 24, 1980
Registered Professional Engineer and Land Surveyor	Fred B. Kern, Jr.
Certificate No.	B. KERN, JR.
3950	

Scale: 1"=1000'