

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 | 5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 78 |
| 2. NAME OF OPERATOR Robert L. Bayless | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe |
| 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 & 990' FEL | 8. FARM OR LEASE NAME AXI Apache F |
| 14. PERMIT NO. | 9. WELL NO. 4 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6788' GL 6797' KB | 10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, T23N, R5W |
| | 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 | <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"/> | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|-------------------------------------|-------------------|-------------------------------------|
| 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 checked="" type="checkbox"/> | Production status | <input checked="" 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.)

This well began production on 6/28/89 after having been shut in for more than 90 days.

RECEIVED
BLM MAIL ROOM
89 AUG -9 AM 10:49
FARMINGTON RESOURCE AREA
FARMINGTON NEW MEXICO

RECEIVED
JUL 25 1990
OIL CON. DIST. 3

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

SIGNED Kevin H. McCord TITLE Petroleum Engineer DATE 8/8/89

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DATE

JUL 20 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side