

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.  
30-031-20736

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
(Fee)

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"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Santa Fe Pacific Railroad

1. Type of Well:  
OIL WELL  GAS WELL  OTHER Water Well

8. Well No. 57

2. Name of Operator  
Robert L. Bayless

9. Pool name or Wildcat  
Miguel Creek Gallup

3. Address of Operator  
PO Box 168, Farmington, NM 87499

4. Well Location  
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line  
Section 21 Township 16N Range 6W NMPM McKinley County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING   
TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
PULL OR ALTER CASING  CASING TEST AND CEMENT JOB   
OTHER:  OTHER: Change of Operator

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Change Operator from Baca Petroleum Corp., 1801 Broadway, Suite 1540, Denver, CO 80202,  
to Robert L. Bayless

RECEIVED  
JAN 3 1992  
OIL CON. DIV. I  
DIST. 3

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

SIGNATURE [Signature] TITLE Operator DATE Jan. 10, 1992  
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)  
APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT #3 DATE JAN 13 1992  
CONDITIONS OF APPROVAL, IF ANY