

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 | 3. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 492 |
| 2. NAME OF OPERATOR Robert L. Bayless | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 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 900'FSL & 790'FEL | 8. FARM OR LEASE NAME Jicarilla Contract 492 |
| | 9. WELL NO. 1 |
| | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA P- Sec. 28-T28N-R2W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH Rio Arriba |
| 15. ELEVATIONS (Show whether DT, RT, GR, etc.) | 13. STATE NM |

1d. 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"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) _____ | (Other) _____ |
| (Other) Change of Operator | | (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.)*

OK
Change of Operator
FROM: Amoco Production Company
TO: Robert L. Bayless

RECEIVED
RUBEN G. GONZALEZ
67 AUG 20 11:11:20
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

RECEIVED
AUG 25 1987
OIL CON. DIV.
DIST 3

18. I hereby certify that the foregoing is true and correct.
SIGNED Kevin H. McCord TITLE Petroleum Engineer ACCEPTED FOR RECORD 7

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE AUG 21 1987
CONDITIONS OF APPROVAL, IF ANY: _____
BY SMM
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCG