

Submit 3 Copies
to Appropriate
District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Robert L. Bayless

3. Address of Operator
P.O. Box 168, Farmington, NM 87499

4. Well Location
Unit Letter H : 1774 Feet From The North Line and 1079 Feet From The East Line
Section 7 Township 29N Range 9W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5565' GL; 5574' RKB

WELL API NO.	30-045-27795
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Santa Rosa Gas 7
8. Well No.	1
9. Pool name or Wildcat	Basin Fruitland Coal

11.

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒

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.

To comply with BLM's cementing requirements, attached please find a copy of the cementing report furnished by Halliburton Services.

RECEIVED
OCT 18 1990
OIL CON. DIV./
DIST. 3

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

SIGNATURE Kevin H. McCord TITLE Petroleum Engineer DATE 10-16-90

TYPE OR PRINT NAME Kevin H. McCord

TELEPHONE NO. 505/326-2659

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

DATE OCT 23 1990

CONDITIONS OF APPROVAL, IF ANY:

HALLIBURTON SERVICES JOB SUMMARY

FORM 3025

HALLIBURTON DIVISION 1/6/66 L CO

HALLIBURTON LOCATION Fm...

BILLED ON TICKET NO. 903283

WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY SAN JUAN STATE N.M.

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD

PRESENT PROD: OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	☒	12.5	7 1/2	0	2138	
LINER						
TUBING						
OPEN HOLE			7 1/2	0	2150	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>SS TI 4 1/2</u>	<u>1</u>	<u>HALCO</u>
FLOAT SHOE		
GUIDE SHOE <u>REG</u>	<u>1</u>	<u>"</u>
CENTRALIZERS <u>S-4</u>	<u>7</u>	<u>"</u>
BOTTOM PLUG		
TOP PLUG <u>S-W Rubber</u>	<u>1</u>	<u>"</u>
HEAD <u>FOPL</u>	<u>1</u>	<u>"</u>
PACKER <u>Limit Clamp</u>	<u>1</u>	<u>"</u>
OTHER <u>WELD A</u>	<u>1</u>	<u>"</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API

DISPL. FLUID _____ DENSITY _____ LB/GAL. API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN

HE AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFFAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>5-29</u>	DATE <u>5-29</u>	DATE <u>5-29</u>	DATE <u>5-29</u>
TIME <u>1120</u>	TIME <u>1430</u>	TIME <u>1939</u>	TIME <u>2035</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. OMDE 62949</u>	<u>CMR 2</u>	
<u>D. DAVIDS 63360</u>	<u>CMTR 307-4</u>	<u>Fm...</u>
<u>D. GEORGE 132151</u>	<u>RCM</u>	
	<u>5793-P</u>	
<u>J. KETCH</u>	<u>B.I.</u>	
	<u>1454</u>	
<u>M. NELSON</u>	<u>B.I.</u>	
	<u>5917</u>	

DEPARTMENT

DESCRIPTION OF JOB

JOB DONE THRU: TUBING ☒

CASING ☒

ANNULUS ☒

TBC./ANN. ☐

CUSTOMER REPRESENTATIVE X

HALLIBURTON OPERATOR R. OMDE

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>25</u>	<u>STANDARD</u>				<u>Water</u>	<u>1.18</u>	<u>15.2</u>
<u>2</u>	<u>150</u>	<u>STANDARD</u>				<u>2% Ecomelt</u>	<u>2.06</u>	<u>12.5</u>
<u>3</u>	<u>350</u>	<u>50/50 B</u>	<u>50/50 B</u>			<u>2 1/2% Ecomelt, 10% Salt</u>	<u>1.24</u>	<u>12.5</u>

PRESSURES IN PSI _____ SUMMARY _____ VOLUMES _____

CIRCULATING _____ DISPLACEMENT _____ PRESURSH _____ GAL. _____ TYPE Water

BREAKDOWN _____ MAXIMUM _____ LOAD & SKDN: _____ GAL. _____ PAD: _____ GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: _____ GAL. _____ DISPL: _____ GAL. 34

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: _____ GAL. 5.3 - 55 - 77

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: _____ GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 34 REASON Shoe

CUSTOMER

WELL NO. 7-1 LEASE SANTA ROSA TICKET NO. 903283
CUSTOMER BAYLESS DRUG PAGE NO. 1
JOB TYPE 4 1/2" LONG STRING DATE 3-29-90

JOB TYPE

CUSTOMER