

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  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

SF-076337

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Santa Rosa

9. WELL NO.

#1

10. FIELD AND POOL OR WILDCAT

Basin Fruitland Coal

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

Sec. 8, T. 29N

12. COUNTY OR PARISH 13. STATE

San Juan NM

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 168, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1715' FNL & 2175' FEL

14. PERMIT NO.

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

5646' GL; 5656' RKB

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) Spud

(Other)

(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.)\*

Spud well at 7:30 p.m., 8/02/90, drilling 12-1/4" hole.

RECEIVED  
AUG 21 1990  
OIL CON. DIV  
DIST. 3

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

SIGNED

TITLE Operator

DATE 8/03/90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

AUG 16 1990

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

\*See Instructions on Reverse Side