

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Robert L. Bayless	8. FARM OR LEASE NAME Coolidge Com
3. ADDRESS OF OPERATOR P.O. Box 168, Farmington, NM 87499	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 950' FNL & 1190' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. PERMIT NO.	11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA Sec. 22, T30N, R14W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5671' G.L.	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐ Spud well & set surface csg.

(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.)*

1-21-85 Spud well @ 12:30 p.m. 1-21-85. Drilled 203' of 12 1/4" hole. Ran 184' 9-5/8" 36#/ft J-55 used casing and cement with 118 ft³ (100 sx) Class B w/2% CaCl₂. Good circulation throughout. Plug down @ 7:30 p.m. W.O.C.

1-22-85 Drilling Cement @ Report Time.

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

SIGNED William Hare

TITLE Office Manager

DATE 1-22-85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 07 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY Sm