SIGNED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE

## UNITED STATES

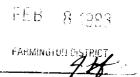
DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	N00-C-14-20-5040
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Noti-toh-tes-wot
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
	Juan Tomas
1. oil XX gas other	9. WELL NO.
2. NAME OF OPERATOR	#1
Robert L. Bayless	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 1541. Farmington, NM 87499	Wildcat-Gallup  11. SEC., T., R., M., OR BLK. AND SURVEY OR
1.0. Box 13/1, 14118	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 21, T22N, R6W
below.) AT SURFACE: 1850' FSL & 790' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: same	Sandoval New Mexico
AT TOTAL DEPTH: same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT	
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  SUBSEQUENT REPORT  U  U  U  U  U  U  U  U  U  U  U  U  U	(NOTE: Report results of multiple completion or zone SUR change on Form 9–330.)
CHANGE ZONES	51
ABANDON*	
(other) Abandon Location	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is discussed and true vertical depths for all markers and zones pertined. Only work completed was the staking of the way.	irectionally drilled, give subsurface locations and at to this work.)*
	Dist. 3 Div.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	

\_\_\_ DATE \_\_

NMOCC

(This space for Federal or State office use)

\_ TITLE \_\_



talear the root RECORD