

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-5762
2. NAME OF OPERATOR Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee
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 1450' FSL & 1450' FEL		8. FARM OR LEASE NAME Natani
14. PERMIT NO.		9. WELL NO. #4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7030' GL		10. FIELD AND POOL, OR WILDCAT Rusty Chacra
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T21N, R6W
		12. COUNTY OR PARISH Sandoval
		13. STATE NM

16. 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) location work <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)\*

Dirtwork as prescribed in your letter of 11/4/86 has been completed.  
Reseeding will be done between July 1 and September 15 as outlined in your same letter.

RECEIVED  
NOV 20 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED <i>Tom J. McCall</i>	TITLE Petroleum Engineer	DATE 11/18/86
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE NOV 19 1986
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO  
BY *al*