

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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. NAME OF OPERATOR <u>CTHC</u> <u>Robert L. Bayless</u> | 5. LEASE DESIGNATION AND SERIAL NO. <u>14-20-603-5034</u> |
| 2. ADDRESS OF OPERATOR <u>P.O. Box 168, Farmington, NM 87499</u> | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo Tribal</u> |
| 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>660' FSL & 1980' FEL</u> | 7. UNIT AGREEMENT NAME |
| 4. PERMIT NO. | 8. FARM OR LEASE NAME <u>Navajo Tribal "U"</u> |
| 5. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5705' RKB</u> | 9. WELL NO. <u>2</u> |
| | 10. FIELD AND POOL, OR WILDCAT <u>Tocito Dome Penn. "D"</u> |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 21, T26N, R18W</u> |
| | 12. COUNTY OR PARISH <u>San Juan</u> |
| | 13. STATE <u>NM</u> |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other: <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <u>Status</u> | <input checked="" 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.)*

Per your request this well is currently shut-in. A TMD log was run on 4/18/88. The Organ Rock formation did not appear productive. We request this well be temporarily abandoned in the Penn. "D" formation. This well may be part of our overall development program as per our letter to you dated 2/8/89.

THIS APPROVAL EXPIRES

NOV 01 1990

I hereby certify that the foregoing is true and correct

SIGNED Kevin H. McCord
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 4/21/89

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

RMHOC

*See Instructions on Reverse Side

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| APPROVED |
| MAY 05 1989 |
| <u>John R. Kelly</u> AREA MANAGER FARMINGTON RESOURCE AREA |