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DEC - 8 1999  
DIST. 3

FORM APPROVED

Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir,  
Use "APPLICATION FOR PERMIT--" for such proposals

5. Lease Designation and Serial No.  
14-20-603-5034

6. If Indian, Allottee or Tribe Name  
NAVAJO

7. If Unit or CA. Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well  
 Oil Well       Gas Well       Other

2. Name of Operator  
ROBERT L. BAYLESS

3. Address and Telephone No.  
P.O. BOX 168, FARMINGTON, NM 87499 (505) 326-2659

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 1900' FWL, SECTION 16, T26N, R18W F

8. Well Name and No.  
NAVAJO TRIBAL "U" 8

9. API Well No.  
30-045-11558

10. Field and Pool, or Exploratory Area  
TOCITO DOME PENN "D"

11. County or Parish, State  
SAN JUAN, NEW MEXICO

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                    | TYPE OF ACTION  |  |
|---|---|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                                  | <input type="checkbox"/> Change of Plans   |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                                 | <input type="checkbox"/> New Construction  |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back                                | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Casing Repair                                | <input type="checkbox"/> Water Shut-Off  |
|   | <input type="checkbox"/> Altering Casing                              | <input type="checkbox"/> Conversion to Injection   |
|   | <input checked="" type="checkbox"/> Other <u>RETURN TO PRODUCTION</u> | <input type="checkbox"/> Dispose Water   |
|   |   | (Note: Report result of multiple completion on Well Completion or Recompletion Report and Log form.) |

13. Describe Proposed or Completed Operations (Clearly state all 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.)\*

This well was returned to production on 11/19/99.

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14. I hereby certify that the foregoing is true and correct  
Signed Thomas McCarthy Title Engineer Date November 29, 1999

(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any manner within its jurisdiction.

\*See Instruction on Reverse Side

NOV 29 1999  
BUREAU OF LAND MANAGEMENT OFFICE