

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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.)

WELL ☒ NEW WELL ☐ OTHER

1. NAME OF OPERATOR

Robert L. Bayless

2. ADDRESS OF OPERATOR

P.O. Box 168, Farmington, NM 87499

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

660' FNL & 810' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, CR, etc.)

5704' GL 5717' RKB

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-5034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal "U"

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Tocito Dome Penn. "D"

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 22, T26N, R18W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRAC TREATMENT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANT

OTHER

X Long term shut in

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRAC TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 perti-
nent to this work.)

We request approval for long term shut in. Bayless may produce this well in
the future by moving equipment from existing producers. The location will be
monitored periodically and cleaned up if necessary.

JUN 01 1996

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1995

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

SIGNED

[Signature]

TITLE Petroleum Engineer

DATE 10/11/95

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 11 1995

DISTRICT MANAGER

*See Instructions on Reverse Side

NMCCD