	RECEIVED BLM	
Form 3160-5 (June 1990)	OGRECIO PM 1:01	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
BUREAU OF LAND MANAGEGION 1		5. Lease Designation and Serial No. 14-20-603-5034  6. If Indian, Allottee or Tribe Name
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  SUBMIT IN TRIPLICATE		NAVA. O 7. If Unit or CA. Agreement Designation
1. Type of Well		8. Well Name and No.
Oil Well X Gas Well Other		NAVA. O TRIBAL "U" 19
2. Name of Operator		9. API Well No.
ROBERT L. BAYLESS		30-045-21386
3. Address and Telephone No.		10. Field and Pool, or Exploratory Area TOCITO DOME PENN "D"
P.O. BOX 168, FARMINGTON, NM 87499 (505) 326-2659  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		11. County or Parish, State
1830' FNL & 610' FEL, SECTION 15, T26N, R18W		SAN JUAN, NEW MEXICO
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION TYPE OF ACTION		
	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
	Plugging Back	Non-Routine Fracturing
X Subsequent Report	Casing Repair	Water Shut-Off
	Altering Casing	Conversion to Injection
Final Abandonment Notice	X Other RETURN TO	Dispose Water
		(Note: Report results of multiple completion on Well
12 Describe Proposed or Completed Operat	ions (Clearly state all pertinent dates, including estimated date	Completion or Recompletion Report and Log form.) of starting any proposed work. If well is
directionally drilled give subsurface loc	ations and measured and true vertical depths for all markers an	d zones pertinent to this work.)*
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This well was returned to pro-	oduction on 12/7/98.	
		REGEIVED
ENTERED AFMSS		010 2 1 (300
DEC 1.8 1998		OHL COM. DIV.
BY_Sim		e e e energia de la compansión de la compa
14. I hereby certify that the foregoing Signed Du I	Title Engineer	Date December 9, 1998
(This space for Federal or State o	ffice use) ' Title	Date
Conditions of approval, if any:		
		ACILE IE ORD
	me for any person knowingly and willfully to make to any department on a to any manner within its jurisdiction	nument of agency of the Office States any faise,

\*See Instruction on Reverse Side

fictitious or fraudulent statements or representations as to any manner within its jurisdiction.

DEU 1 8 1998