

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. NAME OF OPERATOR Robert L. Bayless		2. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5034	
3. ADDRESS OF OPERATOR P.O. Box 168, Farmington, NM 87499		3. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2100' FSL & 540' FWL		4. UNIT AGREEMENT NAME Navajo Tribal "U"	
5. PERMIT NO.		5. WELL NO. 24	
6. ELEVATIONS (Show whether DF, RT, GR, etc.) 5745' GL 5758' RKB		6. FIELD AND POOL, OR WILDCAT Tocito Dome Penn. "D"	
7. COUNTY OR PARISH San Juan		7. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15, T26N, R18W	
8. STATE NM		8. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANT ☐	(Other) ☐	

18. RETURN TO PRODUCTION (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.

API #30-045-21476

THIS WELL WILL BE RETURNED TO PRODUCTION ON AUGUST 17, 1998.

RECEIVED
AUG 8 1 1998
CON. DIV.

RECEIVED
AUG 17 PM 1:18
OTO FARMINGTON, NM

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

SIGNED Tom W. Spencer

TITLE ENGINEER

DATE 8/14/98

(This space for Federal or State office use)

APPROVED BY /S/ Duane W. Spencer
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE AUG 27 1998

*See Instructions on Reverse Side

NMOCG