

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. WELL TYPE WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-7470
2. NAME OF OPERATOR Robert L. Bayless	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee
3. ADDRESS OF OPERATOR P.O. Box 168, Farmington, NM 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL & 1790' FWL	8. FARM OR LEASE NAME Ruby
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR etc.) 6178' GL	10. FIELD AND POOL, OR WILDCAT WAW Fruitland/Pic. Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 34, T26N, R12W
	12. COUNTY OR PARISH San Juan
	13. 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Future Plans <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.)

Please note our Sundry of 12/30/88, approved 1/9/89.

The operator's future plan to enhance production from this well was to rod pump the small amount of water the well made, thereby lowering the back pressure on the formation which was restricting gas flow from this well. Please note that this work has been performed, and the well is currently producing natural gas.

RECEIVED
FEB 3 1989
OIL CON. DIV.
D

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

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

TITLE Petroleum Engineer

ACCEPTED FOR RECORD
DATE 2/8/89

FEB 10 1989

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2/8/89
FARMINGTON RESOURCE AREA
BY Sm

*See Instructions on Reverse Side