

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2198
2. NAME OF OPERATOR Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
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 705' FSL & 660' FWL		8. FARM OR LEASE NAME Navajo H
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 30-645-13101 5278' GL 5287' RKB		10. FIELD AND POOL, OR WILDCAT Undesignated Mesa Verde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA m Section 13, T29N, R14W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) PLUG & ABANDON		(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.)*

WE INTEND TO PLUG AND ABANDON THIS WELL.

PLUGGING PROCEDURE WILL BE SUBMITTED FOR APPROVAL BEFORE WORK BEGINS.

RECEIVED
NOV 13 1996

OIL CON. DIV.
BUREAU

THIS APPROVAL EXPIRES FEB 15 1997

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

SIGNED [Signature]

TITLE PETROLEUM ENGINEER

DATE 11/6/96

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

NOV 06 1996

DISTRICT MANAGER

*See Instructions on Reverse Side