

Form 9-33
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

For approved.
Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
149 IND7850

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

TRIBAL NAVAJO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
NAVAJO

9. WELL NO.
46

10. FIELD AND POOL, OR WILDCAT
MESA GALLUP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
25-32N-18W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
NEW MEXICO

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
R. L. BAYLESS

3. ADDRESS OF OPERATOR
P. O. BOX 1541, FARMINGTON, NEW MEXICO

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

SWNE 25-32N-18W SAN JUAN COUNTY, NEW MEXICO

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, NT, ON, etc.)
GL 5451

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

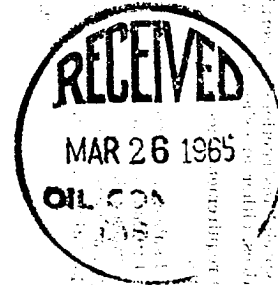
ABANDONMENT* ☒

(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.)*

FILLED HOLE WITH CEMENT FROM TOP TO BOTTOM.

SET DRY MARKER.



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

SIGNED

Ran Cyprus

TITLE

BOOKKEEPER

DATE

3/26/65

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side

make copy for SF