

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.)

RECEIVED

JAN 10 1986

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-5762	
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  1450' FSL & 1450' FEL		8. FARM OR LEASE NAME Natani	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  7030' GL		10. FIELD AND POOL, OR WILDCAT Rusty Chacra	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T21N, R6W	
		12. COUNTY OR PARISH Sandoval	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Spud, Set &amp; Cement Surface Csg.</u>	
(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.)\*

1-10-86 Spud well at 9:00 p.m. 1/9/86. Drilled 101 ft. of 9-7/8" surface hole. Ran 3 jts., 93.8 ft. of 7", 23#/ft. J-55 used casing and set at 101 ft. RKB. Rigged up Cementers, Inc. Cemented surface casing with 65 ft<sup>3</sup> (55 sacks) of Class B cement with 2% CaCl<sub>2</sub>. Good circulation throughout job. Circulated cement to surface. Plug down at 3:00 a.m. 1/10/86. WOC.

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

SIGNED Kevin H. McCloud TITLE Engineer

ACCEPTED FOR RECORD  
DATE 1/10/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE JAN 17 1986  
FARMINGTON RESOURCE AREA

BY fl

\*See Instructions on Reverse Side