

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO N00-C-14-20-7469
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 & 1850' FEL	8. FARM OR LEASE NAME Inez
14. PERMIT NO	9. WELL NO. 1
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 6126' GL	10. FIELD AND POOL, OR WILDCAT WAW Fruitland/Pic. Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33, 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"/>
FRAC TURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRAC TURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <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.)

The operator's future plan to enhance production from this well is to perforate the Fruitland Coal interval in this well. The well will then be rod pumped to remove water from the well, thereby lowering the back pressure on the formation which is restricting gas flow from this well.

RECEIVED
BLM MAIL ROOM

69 JAN -3 PM 2:11

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JAN 12 1989
OIL CON. DIV
DIST

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

SIGNED Robert L. Bayless TITLE Operator DATE 12/30/88

(This space for Federal or State office use)

APPROVED BY James E. Edwards TITLE AREA MANAGER

CONDITIONS OF APPROVAL, IF ANY:

DATE JAN 09 1989

AREA MANAGER

*See Instructions on Reverse Side