

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  
MAIL ROOM  
37 OCT 13 AM 9:27

1.  OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Robert L. Bayless

3. ADDRESS OF OPERATOR  
P.O. Box 1541, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below )  
At surface  
  
790' FSL & 790' FWL

5. LEASE DESIGNATION AND SERIAL NO.  
NM 33030

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE/NAME  
Blackhills

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
Bisti Farmington Ext.

11. SEC. T. R. M. OR BLE. AND SURVEY OR AREA  
Sec. 25, T26N, R13W

12. COUNTY OR PARISH  
San Juan

13. STATE  
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, ETC.)  
6158' KB

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING STATUS   
(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.)\*

Long term shut-in, no pipeline

RECEIVED  
OCT 13 1987  
MAIL ROOM

THIS APPROVAL ENDS 10/7/88

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

SIGNED [Signature] TITLE Operator

DATE 10/8/87

(This space for Federal or State office use)

APPROVED

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE NOV 07 1987

CONDITIONS OF APPROVAL, IF ANY:

[Signature]  
AREA MANAGER

\*See Instructions on Reverse Side

BLM/BOG