

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

1. Unit 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.)

2. WELL TYPE WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-2198	
3. NAME OF OPERATOR Robert L. Bayless		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
4. ADDRESS OF OPERATOR P.O. Box 168, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
8. 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	
9. PERMIT NO.		9. WELL NO. 5	
10. ELEVATIONS (Show whether DF, RT, GR, etc.) 5278' GL 5287' RKB		10. FIELD AND POOL, OR WILDCAT Undesignated Mesa Verde	
11. SEC. T., S., M., OR BLM. AND SURVEY OR AREA Section 13, T29N, R14W		11. SEC. T., S., M., OR BLM. AND SURVEY OR AREA	
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"/>
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 <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <u>Status Report</u> <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.)

In response to your 9/13/93 request, please be advised this well was placed back on production October 1, 1993 after being shut-in over 90 days.

RECEIVED

OCT 15 1993

BLM DIV
DIST. 3

OCT 12 1993

OCT 12 1993

RECEIVED
BLM

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

SIGNED

Robert L. Bayless

TITLE

Petroleum Engineer

DATE

10/11/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 12 1993

ACCEPTED FOR RECORD

FARMINGTON DISTRICT OFFICE

*See Instructions on Reverse Side