Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: 14-20-603-1903
6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Navajo
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Robby
9. WELL NO.: 2
10. FIELD AND POOL, OR WILDCAT: Verde Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 1-30-16
12. COUNTY OR PARISH: San Juan
13. STATE: N M

1. OIL WELL [X] GAS WELL [ ] OTHER
2. NAME OF OPERATOR: R L Bayless
3. ADDRESS OF OPERATOR: Box 1541 Farmington, N M
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 990 FNL and 330 FEL 1-30-16
14. PERMIT NO.:
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 5428 GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[X]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other)				(Other)			

(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.)*

Drilled 6-3/4" hole to 532' and set 5-½" csng w/ 30 sax

Drilled 4-3/4" hole to 1820' w/ air no shows

Filled hole w/ cement to surface, cleaned location and

placed dry hole marker.

RECEIVED
MAY 11 1966
OIL CON. COM.
DIST. 3

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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