UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE/
5. LEASE NM 26357
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

DELAKTIKEN OF THE INTERIOR	E IF INDIAN ALLOTTE	OD TRIPE NAME
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME	
reservoir. Use Form 9–331–C for such proposals.)	-	
1. oil gas X other	Morton	
well well other	9. WELL NO.	
2. NAME OF OPERATOR	#2-E	
Robert L. Bayless	10. FIELD OR WILDCAT NAME Basin Dakota	
3. ADDRESS OF OPERATOR P.O. Box 1541, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
k-Janua X	Sec. 23, T30N, R14W	
AT SURFACE: 1570' FSL & 1750' FWL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: Same	San Juan	New Mexico
AT TOTAL DEPTH: same	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW	DF, KDB, AND WD)
	5702' G.L.	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or some D' change on Form 9–930.)	
MULTIPLE COMPLETE CHANGE ZONES ABANDON*		JUN 181984
(other) APD Extension	St. Williams String	C A 3D MANAGEMENT
including estimated date of starting any proposed work. If well is discovered and true vertical depths for all markers and zones pertiner. Please extend our Application to Dril period. Extended Thank you.	nt to this work.)* l for a six mon	th
Subsurface Safety Valve: Manu/and Type	Set	- n(%) 3
18. I hereby codify that the foreading is true and correct SIGNED	or DATE 6-18-	84
		opaven !
(This space for Federal or State of	rice use)	
APPROVED BY TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	*	Magazine Control
	j .	1000

*See Instructions on Reverse Side