

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Revised 10-1-85
Bureau of Land Management
Department of the Interior
Washington, D.C. 20240
LEASE DESIGNATION AND SERIAL

NM 053822

6 IF INDIAN ALLOTTEE OR TRIBE

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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Robert L. Bayless

3. ADDRESS OF OPERATOR

P.O. Box 168, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

1100' FSL & 650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5836' RKB

Section 31, T. 22 N., R. 13 W.

12. COUNTY OR PARISH 13. STATE

San Juan NM

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

NOTICE OF INTENTION TO

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF

WATER SHUT OFF

REPAIRING WELL

FRACURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Production status

(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.)*

This well has been shut in due to market requirements for over 90 days and has resumed production as of June 1, 1989.

RECEIVED

JUN 11 1989

OIL CORP.

PM

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

SIGNED

Robert L. Bayless

TITLE

Operator

DATE

6/1/89

(This space for Federal or State office use)

APPROVED BY

TITLE

NMOCD

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side