

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
NM-28998 (Prev. 0510043)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Chijulla 36

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat, Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NE NE 36-T21N-R2W

1. OIL WELL  GAS WELL  OTHER  Plugged and Abandoned

2. NAME OF OPERATOR  
Gary-Williams Oil Producer, Inc.

3. ADDRESS OF OPERATOR  
115 Inverness Drive East, Englewood, CO 80112-5116

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
600' FNL and 700' FEL (NE NE) Section 36-T21N-R2W

14. PERMIT NO.

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

6926' GR

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

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

NOTICE OF INTENTION TO:

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

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other) Surface Restoration

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.)\*

The above mentioned well has been restored and reseeded during the current planting season.

RECEIVED  
 AUG 20 1987  
 OIL CON. DIV.  
 DIST. 3

**RECEIVED**  
AUG 20 1987  
OIL CON. DIV.  
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED Nancy McDonald

TITLE Compliance Administrator

DATE 8/11/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**WMOCC**

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

BY all

\*See Instructions on Reverse Side