

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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.)

1. oil ☒ gas ☐  
well well other

2. NAME OF OPERATOR

*Samuel Gary Williams Oil Producer, Inc.*

3. ADDRESS OF OPERATOR

*4 Inverness Court East, Engelwood, CO 80112*

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FSL & 980' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) *Remedial Work*

SUBSEQUENT REPORT OF:

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5. LEASE

*NW-25611*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

*N/A*

7. UNIT AGREEMENT NAME

*N/A*

8. FARM OR LEASE NAME

*Ceja Pelon*

9. WELL NO.

*35-13*

10. FIELD OR WILDCAT NAME

*wildcat*

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

*SW SW 35-21N-4W*

12. COUNTY OR PARISH 13. STATE

*Sandoval*

*NM*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

*6978' KB*

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

*11/16/83 Moving in and rigging up service unit. Trip out of hole - rods & pump. Release tubing anchor, tag fill. Clean out fill to retrieve bridge plug at 4560' KB. Retrieve bridge plug. Clean hole to total depth. Swab test. Run production tubing, rods, & pump. Install pumping unit. Build battery.*

Subsurface Safety Valve: Manul. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED: *Ray Hogg* TITLE: *Operations Superintendent* DATE: *December 20, 1983*

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JAN 4 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
BY: *E. H. H.*

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P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED  
JUN 13 1967  
GAIL CON. DIV.  
DIST. 3

Operator Garry-Williams Oil Producer, Inc.		DIST. 3
Address Four Inverness Court East, Englewood, Co 80112-5599		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Oil  <input type="checkbox"/> Casinghead Gas         </div> <div> <input type="checkbox"/> Dry Gas  <input type="checkbox"/> Condensate         </div> </div>	Operator Name Change

## II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE									
Lease Name Ceja Pelon		Well No. -13	Pool Name, Including Formation San Andres / Mangrove			Kind of Lease State, Federal or Free Federal		Lease No. NM 25611	
Location									
Unit Letter M : 990 Feet From The south Line and 980 Feet From The west									
Line of Section 35 Township 21N Range 4W, NMPM, Sandoval County									

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Permian Corporation		P.O. Box 1702, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	35	21N	4W		

NOTE: Complete Parts IV and V on reverse side if necessary.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION  
2684  
APPROVED \_\_\_\_\_, 1984  
BY Frank J. [Signature]  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX			XX				
Date Spudded 12/21/80	Date Compl. Ready to Prod. 4/8/81	Total Depth 4798'			P.B.T.D. 4780'				
Elevations (DF, RKB, RT, GR, etc.) 6978' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4	9-5/8"		218'			260' sx (278.92 cu. ft.)			
8-3/4	7"		4396'			200' sx (267.28 cu. ft.)			
5-1/4	4-1/2"		4150'-4782'			70' sx (93.55 cu. ft.)			
N/A	N/A		N/A			N/A			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test 12/16/83 to 12/18/83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 72 Hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 105 bbls in 3 days	Water - Bbls. -0-	Gas - MCF 27 mcf/d

#### AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size