

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-25611	
2. NAME OF OPERATOR The Gary-Williams Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 115 Inverness Drive East, Englewood, CO 80112-5116		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL and 980' FWL (SW SW) Section 35-T21N-R4W		8. FARM OR LEASE NAME Ceja Pelon 35	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6978' KB		10. FIELD AND POOL, OR WILDCAT Rio Puercos Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW SW 35-T21N-R4W	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Test Production of Well <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 Gary-Williams Company requests permission to conduct a 7 day production test on the above mentioned well. Results will determine whether the well will be produced full time or under the present schedule of 2 days a month. This test will determine whether the well can be economically produced on a full time basis. GOR test will be conducted and a C-116 will be submitted to the New Mexico Oil Conservation Division.

RECEIVED
SEP 22 1989
OIL CON. DIV
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED Nancy McDonald

TITLE Compliance Administrator

DATE 9/13/89

(This space for Federal or State office use)

for AREA MANAGER

APPROVED BY (ORIG. SGD.) JOHN M. ANDREWS, JR.

TITLE RIO PUERCO RESOURCE AREA

DATE SEP 20 1989

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCD